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ABSTRACT

This guide to mainstreaming preschoolers with hearing impairments is one of a series of eight manuals on mainstreaming preschoolers developed by Project Head Start. The guide is addressed to parents, teachers and other professionals and paraprofessionals. Chapter I presents information on the meaning, benefits and implementation of mainstreaming. The role of the teacher in mainstreaming is discussed, and sources of assistance are listed. Chapter II provides the Head Start definition (and other common definitions) of hearing loss and discusses categories of hearing impairment, types and causes of hearing loss, and problems in diagnosis and referral. Chapter III describes the development and functioning of children with all levels of hearing impairments in four basic areas: communication skills, social and emotional development, cognitive skills, and motor skills. Chapter IV presents information on planning, arranging classrooms, and teaching mainstreamed hearing impaired children. Chapter V focuses on parent/teacher cooperation while Chapters VI and VII provide information on specialists, organizations and publications that can provide help. Notes on screening and diagnosis are appended. (CM)

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Children with Hearing Impairment

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Special Message to Parents

This book is meant to help parents as well as teachers understand mainstreaming and hearing impairment. Chapter 5 describes specific ways in which parents can help their hearing impaired child. But parents will find the other chapters useful in learning more about development in hearing impaired youngsters, techniques and activities to promote learning, how Head Start functions in serving handicapped children, and what resources outside of Head Start are available to help fill their child's special needs.

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Mainstreaming Preschoolers:

Children with Hearing Impairment

A Guide for Teachers, Parents, and Others Who Work with Hearing Impaired Preschoolers

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Preface

Project Head Start was initially conceived and launched as a national program of comprehensive developmental services for preschool children from low-income families. The early design also indicated that the comprehensive program should be tailored to the needs of the individual community and of the individual child.

The Head Start Program Performance Standards require local programs to develop an educational plan that provides procedures for ongoing observation, recording, and evaluation of each child's growth and development for the purpose of planning activities to suit individual needs. The Performance Standards also require that classroom materials and activities reflect the cultural background of the children. Thus, individualization has always been a major thrust of the Head Start program.

The Congressional mandate to assure that not less than 10 percent of enrollment opportunities in Head Start be available for handicapped children presented special opportunities and challenges to Head Start programs to further their efforts in the individualization of services. Head Start classes are small, making it possible for teachers, working with a professional diagnostic team, to design a program to meet the special needs and capabilities of each child.

Mainstreaming handicapped children into classrooms with non-handicaped children has become a major activity for Head Start. However, teachers and other staff are continually asking for assistance in mainstreaming a child with a specific handicapping condition. This series of eight manuals, **Mainstreaming Preschoolers**, was prepared by ACYF to help meet this need.

The series was developed through extensive collaboration with many persons and organizations. Under contract with Contract Research Corporation, teams of national experts and Head Start teachers came together to develop each of the manuals. At the same time, the major national professional and voluntary associations concerned with handicapped children were asked to critique the materials during their various stages of development. Their response was enthusiastic. Various federal agencies concerned with handicapped persons — the Bureau of Education for the Handicapped, the President's Committee on Mental Retardation, the Office of Developmental Disabilities, the National Institute of Mental Health, the Office of Handicapped Individuals, National Institute of Child Health and Human Development/National Institute of Health, and Medicaid/Early and Periodic Screening, Diagnosis, and Treatment — also enthusiastically reviewed the materials as they were being developed. Finally, drafts of each of the manuals were reviewed by teachers, paraprofessionals, parents, social service and health personnel, and various other specialists in Head Start programs across the country.

It is hoped that this series will be helpful to the variety of people beyond the Head Start community — in public schools, day care centers, nursery schools, and other child care programs — who are involved in providing educational opportunities and learning experiences to handicapped children during the preschool years.

Blandina Cardenas, Ed.D.
Commissioner
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Children, Youth and Families

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2 Introduction

The Purpose of This Book

This book was written for teachers, parents, aides, and others who work directly with hearing impaired preschoolers. It provides some good ideas for helping these children learn and feel good about themselves, and answers many questions, including:

What is mainstreaming?

What does hearing impairment mean?

How does hearing impairment affect the functioning of three- to five-year-olds?

How can you design an individualized program for a hearing impaired child?

What techniques are especially helpful to use with hearing impaired children?

How can parents help their children who are hearing impaired?

Where can you go to seek help — people, places, and information?

The information in this book is also useful for working with all preschool children, non-handicapped as well as handicapped.

The Organization of This Book

This is one of a series of eight books on children with handicaps, written for Head Start, day care, nursery school, and other preschool staff, and parents of children with special needs. Each book is concerned with one handicapping condition. The other seven books address:

- **emotional disturbance**
- **health impairments**
- **learning disabilities**
- **mental retardation**
- **physical (orthopedic) handicaps**
- **speech and language impairments (communication disorders)**
- **visual handicaps.**

There are certain guidelines that are similar in working with all kinds of handicapped preschoolers. These guidelines should be useful to teachers and parents who are directly involved with children with special needs. They are described in the chapters "What Is Mainstreaming?" "Parents and Teachers as Partners," "Where to Find Help in Your Area," and the sections on planning, the physical setting, and general teaching guidelines in the chapter "Mainstreaming Children Who Are Hearing Impaired." While these chapters (or sections of chapters) are largely the same in most of the books in this series, the examples and suggestions provided in each book are specific. They will help you apply the general information to a child with a particular handicap.

A Word on Words

In this book the terms **handicapped children** and **children with special needs** mean the same thing.

Chapter 1:

What Is Mainstreaming?

1

Mainstreaming calls for helping handicapped children to perform as much as possible like other children their age.

4

What Does Mainstreaming Mean?

"Mainstreaming" means helping people with handicaps live, learn, and work in typical settings where they will have the greatest opportunity to become as independent as possible. In Head Start programs, mainstreaming is defined as the integration of handicapped children and non-handicapped children in the same classroom. It gives handicapped children the chance to join in the "mainstream of life" by including them in a regular preschool experience, and gives non-handicapped children the opportunity to learn and grow by experiencing the strengths and weaknesses of their handicapped friends.

However, mainstreaming involves more than simply enrolling handicapped children in a program with non-handicapped children. It calls for helping handicapped children to perform as much as possible like other children their age. Definite steps must be taken to ensure that handicapped children participate actively and fully in classroom activities. As a Head Start teacher, it is your role to take these steps.

Mainstreaming is not new to Head Start. Since its beginning, Head Start programs have included handicapped children in classrooms with non-handicapped children. The Economic Opportunity Amendments of 1972 (Public Law 92-424) required that ten percent of the Head Start enrollment in the nation be handicapped children. Two years later, the Head Start, Economic Opportunity, and Community Partnership Act of 1974 required that, by fiscal year 1976, not less than ten percent of the total number of enrollment opportunities in Head Start programs in each state be available to handicapped children. And most recently, Public Law 94-142, the Education for All Handicapped Children Act, has mandated that the public schools provide "free, appropriate education" in the "least restrictive setting" for handicapped children from 3 to 21 years of age. Thus, mainstreaming has become an important and well-accepted approach in the education of young handicapped children.

It is the function of Head Start programs to:

> **serve handicapped children in an integrated setting or mainstream environment with other children; provide for the special needs of the handicapped child; and work closely with other agencies and organizations serving handicapped children in order to identify handicapped children, and provide the full range of services necessary to meet the child's developmental needs.**
> (Head Start Transmittal Notice 75.11 — 9/11/75.)

Research on children has shown over and over that the early years of life are critical for learning and growth. It is during this time that children's cognitive, communicative, social, and emotional development can be most influenced. If special needs are recognized and met during these years, handicapped children will have a much better chance of becoming competent and independent adults. Handicapped youngsters who are given the opportunity to play with other children in the Head Start classroom learn more about themselves and how to cope with the give-and-take of everyday life. This is one of the first steps toward developing independence. By participating in regular preschool settings that are able to provide for special needs, with teachers who know how to adapt teaching techniques and activities, children with special needs will truly have a "head start" in achieving their fullest potential.

1

Benefits of Mainstreaming

There are many benefits to mainstreaming — benefits that affect both handicapped and non-handicapped children, as well as their parents and teachers.

Mainstreaming Helps Handicapped Children

Participating in a mainstream classroom as a welcome member of the class teaches children with special needs self-reliance and helps them master new skills. They are given a chance to learn, play, communicate, and socialize as do other children their age. For some, it may be the first time in their lives that they are expected to do for themselves the things they are capable of doing. Working and playing with other children encourages handicapped children to strive for greater achievements. Working toward greater achievements helps them develop a healthy and positive self-concept.

Mainstreaming can be an especially valuable method for discovering undiagnosed handicaps. Some handicaps don't become evident until after a child enters elementary school, and by then much important learning time has been lost. A preschool teacher is able to observe and compare many children of the same age, which makes it easier to spot problems that may signal a handicap. Preschool may therefore be the first chance some children get to receive the services they need.

Mainstreaming Helps Non-handicapped Children

Mainstreaming can help non-handicapped children, too. They learn to accept and be comfortable with individual differences among people. Studies have shown that children's attitudes toward handicapped children can become more positive when they have the opportunity to play together regularly. They learn that handicapped children, just like themselves, can do some things better than others. In a mainstream classroom, they have the opportunity to make friends with many different individuals.

Mainstreaming Helps Parents

Mainstreaming is also good for the parents of children with special needs. With you (the teacher), the other members of the staff, and specialists sharing the responsibility for teaching a child, the parents come to feel less isolated. They can learn new ways to help their own child. As they watch their child progress and play with non-handicapped children, parents are helped to think about their child more realistically. They will see that some of the behavior they are concerned about is probably typical of all young children, not just children with handicaps. In these ways, parents come to feel better about their children and themselves.

Mainstreaming Helps Teachers

Mainstreaming also has advantages for you. You have the chance to make a significant impact on a handicapped child. The techniques you develop for working with a child with special needs are just as useful with non-handicapped children who have minor weaknesses in the same areas. In fact, many of the most effective teaching techniques known were first developed for handicapped children. Finally, working with handicapped children is a chance to broaden both your teaching and personal experience.

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How Is Mainstreaming Carried Out?

Mainstreaming can be carried out in a variety of ways. How you decide to mainstream a particular handicapped child will depend upon the child's strengths, weaknesses, and needs, and will also depend upon the parents, the staff and resources within your program, and the resources within your community. As you know, every child is an individual with different needs and abilities. This is just as true for handicapped children: they display a broad range of behavior and abilities.

Some handicapped children may thrive in a full-day program with non-handicapped children. Others will do best in a mainstream environment for only part of the time, attending special classes or staying at home for the rest of the day. For still others, mainstreaming may not be the most helpful approach. The principle to follow is that handicapped children should be placed in the "least restrictive environment." This means that the preschool experiences of handicapped children should be as close as possible to those of non-handicapped children, while still meeting the special needs created by their handicaps. The "least restrictive environment" should be *individually* determined for a *particular* child at a *particular* time, and reassessed on an ongoing basis.

Mainstreaming involves the efforts of many people working as a team — teachers, the child's parents, Head Start staff (in health, education, handicap, parent involvement, and social services), other specialists providing consultant services on a full- or part-time basis, agencies serving handicapped children, and the public schools in the community. The identification, development, and coordination of this team effort is both a challenge and a critical requirement in meeting the needs of a handicapped child.

As you and your program staff get to know each child, and as you work with the child's parents and specialists in your community's agencies and public schools, you will be able to decide what is best for each child. This book describes *how* mainstreaming of hearing impaired children can be carried out by the parent/Head Start/specialist team in order to provide the best program for both handicapped and non-handicapped children.

This book discusses hearing impairment and how it affects a child's development. Categories are used to describe different degrees of hearing impairment, as well as different functioning abilities. The book focuses on oral communication as the main problem for a hearing impaired child, and discusses how problems with communication affect other areas of development (see Chapter 3). It also considers why a hearing impairment presents more serious communication problems for some children than for others, and how the seriousness of a child's problems relates to mainstreaming decisions. (See Chapter 4, page 38, for a discussion of what to consider in mainstreaming a hearing impaired child.)

Specific teaching techniques for use with hearing impaired children are suggested in Chapter 4 for teachers without special training. The techniques and suggestions given are most appropriate for a child who functions as **hard of hearing**. As defined in Chapter 2 (page 12), this child can use his or her hearing for the ordinary purposes of life and may or may not use a hearing aid. This book cannot help you teach a child who is functionally **deaf**. This child is defined in Chapter 2 (page 12) as unable to use his or her hearing with or without a hearing aid for the ordinary purposes of life. Regardless of the child's degree of hearing loss, he or she *must* have already developed some useful communication skills in listening, understanding, and talking in order to benefit from a mainstream classroom.

1

The potential to improve on these skills is there. The mainstream classroom provides daily opportunity to encourage the growth of these skills.

Suggestions are also given for how to refer a child with more serious hearing and communication problems to the proper specialists and/or to a more appropriate educational setting.

What Is Your Role in Mainstreaming?

This book approaches mainstreaming from the standpoint of child development. It emphasizes the importance of seeing handicapped children first and foremost as children, with the same needs all children have for love, acceptance, exploration, and a sense of competence. By understanding how all children develop and learn you can better understand the effects of a particular handicapping condition. For example, knowing the importance of hearing for language learning will help you understand the effects of hearing impairment on a child's development of communication skills. And knowing how children normally develop the skills of listening, understanding, and talking will help you to know what a hearing impaired child's present developmental needs are. You can then use this knowledge to plan appropriate activities for building on a child's strengths and working on his or her weaknesses.

The teaching techniques and suggestions provided in this book are designed to help develop skills in particular areas of development — primarily listening, understanding, and talking, and additionally, cognitive, social, and emotional skills — and can be used with any child or group of children in your classroom, whether they are handicapped or non-handicapped.

As a teacher, your role in mainstreaming includes:

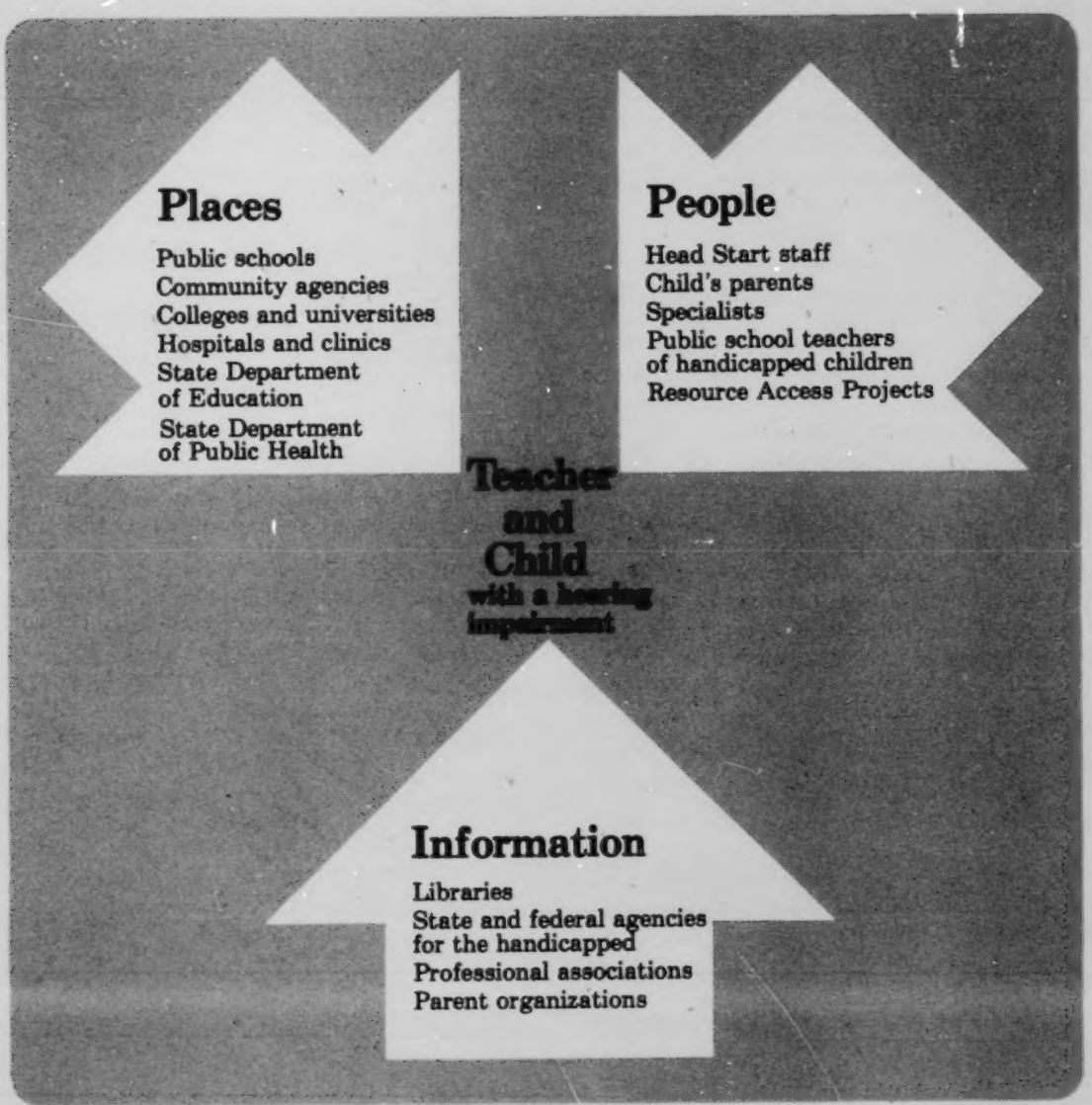
- **developing and putting into effect an individualized program that meets the needs of each child in the classroom, including the special needs of a child with a handicapping condition**
- **working together with the parents of a handicapped child so that learning situations that occur in your classroom are reinforced by the parents at home**
- **finding out, through your handicap coordinator or social services coordinator, what special services a handicapped child is receiving and how you can get a specialist to help you in your classroom teaching**
- **arranging referrals through your handicap coordinator or social services coordinator for diagnostic evaluation, if you feel a child has a**

problem that has not been clearly identified.

In carrying out this role, there are many resources that can be tapped to assist you. Later in the book they will be described in more detail, but they are summarized on the following chart.

Where to Go for Help

There are many resources you can tap for help with a handicapped child. Take advantage of these resources by actively seeking them out. For detailed information on Head Start and other resources in your area, see Chapter 6. For detailed information on national professional and parent associations and other organizations, and a list of helpful materials, see Chapter 7.



Chapter 2:

What Is Hearing Impairment?

2

Many hearing impaired children can learn to use the hearing they have to understand and to speak.

10 ***The central problem a hearing impaired child faces is learning to communicate. In order to communicate, children need to send and receive messages. Hearing impaired children have a harder time than other children learning to talk and to understand the conversation of others. This is because hearing impaired children may not hear a message clearly, may hear it at a reduced intensity, or may not hear it at all. Therefore, the ability to communicate through spoken language is developed more slowly in hearing impaired children than in other children.***

Many of you have never worked with hearing impaired children. You may be thinking, "How can I help them when I don't know much about hearing problems?" This chapter will help you understand what hearing loss is. It will also help you find out if any children in your classroom have undiagnosed hearing loss and need to be referred for a diagnostic evaluation.

This chapter uses a number of terms commonly employed by specialists who work in the field of hearing impairment. You will want to be familiar with these terms, because they may be mentioned in diagnostic reports or in conversations with parents or specialists. However, terms can sometimes become labels, which put children into categories. As you know, there are dangers in labeling or categorizing a child. Labeling often causes others to have lower or inaccurate expectations for that child, which then restrict the child's opportunities to develop.

Many hearing impaired children can learn to use the hearing they have to understand and to speak, although these skills will vary from child to child. Some children are easier to understand than others. Every hearing impaired child is an individual, with unique skills and problems, which you can best discover by working closely with him or her in your classroom.

The "Head Start" Definition

In defining handicapping conditions, Project Head Start distinguishes between **categorical** definitions, which are used for reporting purposes, and **functional** definitions, which describe the child's areas of strength and weakness. The categorical definition uses Project Head Start's legislated diagnostic criteria. An interdisciplinary diagnostic team (or a professional who is qualified to diagnose the specific handicap) must use this definition to make a categorical diagnosis of a child. This diagnosis is used only for reporting purposes. A functional definition or diagnosis, on the other hand, assesses what a child can and cannot do, and identifies areas that call for special education and related services. The functional assessment should be developed by a diagnostic team, with the child's parents and teachers as active participants. Another term for functional assessment or functional diagnosis is **developmental profile.**

According to Project Head Start, the following two categorical definitions of children with hearing loss are to be used for *reporting purposes* in Head Start programs:

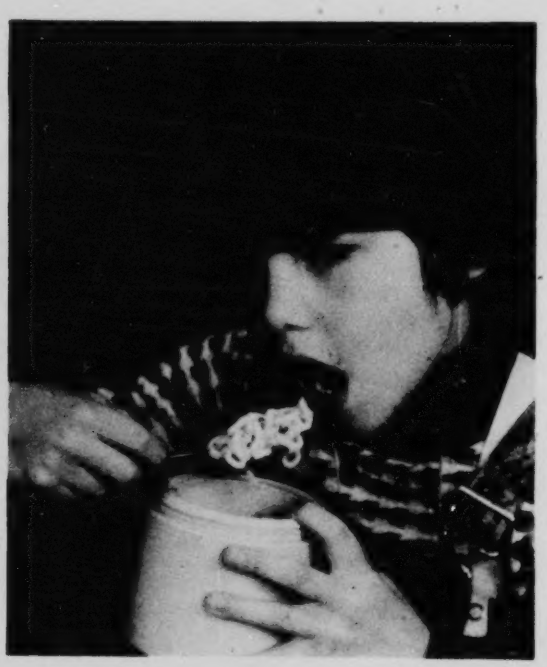
> **A child shall be reported as hearing impaired when any *one* of the following exists: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual (or remaining) hearing in daily life, sometimes with the use of a hearing aid; (b) (average) hearing loss is from 26-92 decibels (ANSI 1969) in the better ear.**

A child shall be reported as deaf when any *one* of the following exists: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the State of residence.

("Transmittal Notice Announcement of Diagnostic Criteria for Reporting Handicapped Children in Head Start," OCD-HS, September 11, 1975.)

While there is considerable disagreement about how these terms should be defined, these definitions must be used by professionals in diagnosing children for the purpose of *reporting* in Head Start programs.

From the teacher's point of view, there are other terms to describe children with hearing loss, which are much more commonly used in the field of hearing impairment. These terms are given in the next section.



Hearing Impaired Preschoolers

2

Common Definitions of Hearing Loss

Hearing impaired children have two different problems in receiving sound. First, sounds are not as loud as they are for children without hearing impairment. Sounds may be slightly softer than normal, very soft, or even impossible for hearing impaired children to hear. Through testing, a professional can determine how loud a sound has to be for a child to be able to hear it. Second, for children with more severe hearing loss, sounds may be distorted, as well as soft. When sounds are distorted they can be mistaken for other sounds, or be impossible to understand. The amount of distortion cannot be measured by a test, but it greatly affects how children function. It is necessary to be aware of these two problems — **loudness** and **distortion** — to understand fully the effects of hearing loss.

There are many different terms commonly used by professionals in the field of hearing impairment. These terms can seem confusing because they are often defined differently by different people. This book uses two types of definitions. One is a **functional definition**, which describes how a hearing impaired person can use his or her hearing for the ordinary purposes of life. Another definition describes the **degree of loss**, as determined by hearing tests.

Two terms commonly used in functional definitions are **deaf** and **hard of hearing**. This book uses these terms to mean the following:

- **Deaf:** When hearing is so impaired that it cannot be used for the ordinary purposes of life, with or without a hearing aid.
- **Hard of hearing:** When hearing is impaired but can be used for the ordinary purposes of life, with the use of a hearing aid. For a variety of reasons, some people who are hard of hearing do not use or benefit from a hearing aid.

Most children termed "deaf" have some level of hearing that is demonstrable on a hearing test. This is called residual hearing. It is the *usefulness* of this residual (remaining) hearing to function in life that determines whether a person is deaf or hard of hearing. Being able to use hearing for the "ordinary purposes of life" means being able to understand speech through hearing alone or hearing combined with speech reading, and being able to hear enough of the ordinary sounds around us such as telephones, traffic, and voices to be able to make sense out of them. A child who functions this way is termed "hard of hearing"; a child who cannot use his or her hearing to function this way is termed "deaf."

A second type of definition is based on the degree of hearing loss and is determined by audiological testing. In this definition, all children, whether they are categorized as deaf or hard of hearing, are referred to as **hearing impaired.**

Hearing impairment covers the entire range of degree of hearing loss and is broken down into four categories: **mild, moderate, severe,** and **profound.** Children who have the same degree of hearing loss may function quite differently from one another, however. One child with a severe hearing impairment may be functionally hard of hearing, while another child with a severe hearing impairment may be functionally deaf.

This book refers throughout to the four categories of hearing impairment, as well as to how individual children function.

The next section describes the four categories of hearing impairment.

2

Categories of Hearing Impairment

Hearing loss is measured by an **audiometric** or hearing test. The results are recorded on a chart called an **audiogram.** (For a detailed discussion of audiometric testing, see the section on screening, diagnosis, and testing in the appendix.) Using a measure of loudness called **decibels**, the test determines how loud a sound must be before a person can hear it. The test measures hearing in a range of 0 to 110 decibels. People with unimpaired hearing begin to hear sounds at approximately 0 to 10 decibels. People with hearing loss don't begin to hear sounds until higher decibel (loudness) levels are reached. If, for example, a child cannot begin to hear sounds until they are at least 50 decibels loud, then the child is said to have a 50 decibel hearing loss.

These decibel levels serve as the basis for the categories of hearing impairment:

- **mildly hearing impaired:** loss between 20 and 40 decibels
- **moderately hearing impaired:** loss between 40 and 70 decibels
- **severely hearing impaired:** loss between 70 and 92 decibels
- **profoundly hearing impaired:** loss greater than 92 decibels.

While audiometric testing tells how *loud* a sound must be to be heard by a hearing impaired child (without a hearing aid), it does *not* tell how distorted sounds may be for that particular child. Two children with the same measurable degree of hearing loss may hear sounds with differing degrees of clarity, which greatly affect what each is able to understand. Categories of loss also do *not* tell what a child's *potential for hearing* or listening may be. And they do *not* tell how a child will *function on a daily basis.*

For these reasons, the measured degree of hearing loss in a child (mild, moderate, severe, or profound) cannot be used to predict behaviors or functioning of that child. Regardless of how a child is categorized, his or her ability to develop is not limited. Furthermore, young children are generally difficult to test. Their hearing may be better or worse than the test indicates. What you see a child do every day will tell you the most about how well the child can *use* his or her remaining hearing.

When Are Mild Impairments Handicaps?

Project Head Start does not consider some mild impairments as handicaps. For example, a child whose vision can be corrected with eyeglasses is not considered visually handicapped. Children with mild hearing impairment are considered handicapped if they fall within the Project Head Start definitions and if, by reason of the handicap, they *require special education and related services.*

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Types and Causes of Hearing Loss

There are two types of hearing loss: **conductive loss** and **sensori-neural loss.** Conductive loss occurs when there is a problem in the outer or middle ear (the mechanisms that carry sound into the inner ear). Sensori-neural loss occurs when there is a problem in the inner ear or with the nerves that carry sound to the brain. Both types of loss may occur either before or after birth. Conductive losses are less severe than sensori-neural losses, and can usually be reduced or eliminated through medical treatment. Sensori-neural losses are permanent and more severe. They cannot be cured or even reduced by doctor's treatment. But most children with sensori-neural losses can be helped greatly by a hearing aid. It is important that children with sensori-neural losses see a doctor regularly to make sure infections or other problems do not increase their hearing loss, or present a medical problem that may otherwise be physically damaging.

Conductive losses may be caused by:

- infections that fill the ear with fluid
- ruptured ear drum
- interference (such as a build-up of ear wax in the ear)
- deformity in the ear structures
- damage caused by a foreign object (such as a pencil, stick, or hairpin)
- missing or occluded (obstructed) ear canal
- allergies.

Sensori-neural losses may be caused by many different things:

- diseases during pregnancy
- heredity
- childhood diseases (such as mumps, measles, chicken pox)
- viral infections (such as meningitis and encephalitis)
- prolonged high fever
- physical damage to head or ear
- excessive or intense noise.

In rare cases, a child may have a hearing loss that comes and goes. Such a child has normal hearing, but may occasionally suffer a significant hearing loss because of allergies and chronic colds. This kind of hearing loss can be very hard to detect and treat. One week you may notice inconsistent responses like those of a hearing impaired child who doesn't know he or she is being talked to. The next week and for some time thereafter, the child will respond as though he or she has normal hearing. This kind of problem should be brought to the attention of a doctor.

2

Problems in Diagnosis

Accurate diagnosis can enable you and others to give the kind of help that a child needs. But accurate diagnosis is sometimes difficult, for the following reasons.

Taking Tests Is a Learned Skill

It is often difficult to diagnose accurately the degree of hearing loss in a child, because up to ages three and four, the child may not understand what to do during the test. For example, when Jan was 2½ years old, she was diagnosed as having an average loss of 80 decibels. Later tests showed that Jan had an average loss of 72 decibels. Jan's hearing had not improved, however. She had simply learned how to take the test.

Tests May Be Inadequately Administered

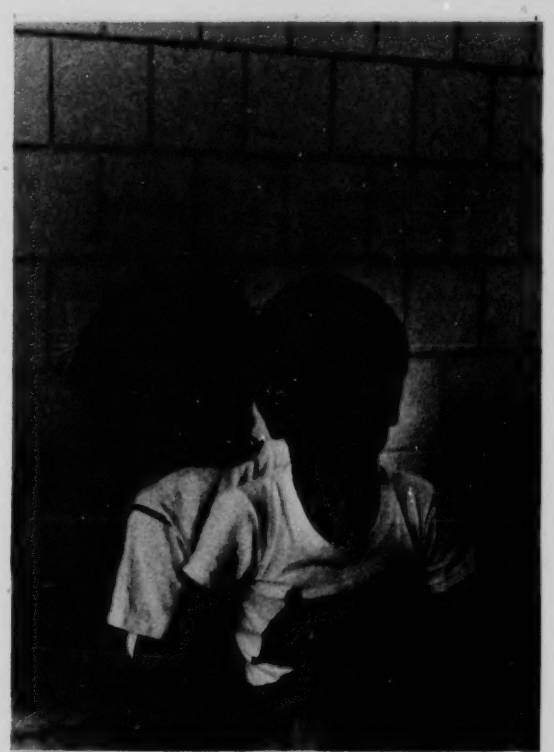
Hearing screening tests are often conducted under adverse circumstances. The room may be noisy or the testing may be rushed, so that a child does not do as well as he or she might. In other cases, the screening diagnosis may indicate "normal" hearing, even though the teacher or parent suspects a hearing loss.

As a teacher or parent, you should definitely request a more thorough hearing test if you have any suspicion of hearing loss in a child.

Hearing Impairment May Be Misdiagnosed

One of the most common problems is that a hearing impairment can be diagnosed as another problem. For example, Timothy is a four-year-old with an undiagnosed moderate hearing loss. Because his hearing loss had gone untreated, he had missed out on learning a lot of the words that other four-year-olds know. When he didn't understand questions asked of him on a psychological test, he either guessed or didn't respond. His test score was very low and he was misdiagnosed as mentally retarded.

This kind of mistake doesn't happen often. But, it can occur. If your observation of a child tells you something different from the information on diagnostic reports, or from what others tell you, follow it up.



16 Recognizing Problems for Referral

You may have a hearing impaired child in your class who has not been diagnosed. You may not even be aware that he or she has a hearing problem. This occurs most frequently with a mildly hearing impaired child, though it can also happen with children who have a more serious loss. You may be the first person in the life of the child who can alert other professionals to a problem, so that services for that child's special needs can finally begin. Sometimes parents need advice and encouragement from teachers to recognize and face problems that may have troubled them in their child's behavior. Diagnosis, first and foremost, is needed to point out the extra help and services these children need.

General Guidelines

Learn to Observe Carefully

Your own classroom observation, plus conversations with parents about their children, can be the best foundation for deciding whether to refer a particular child to a professional diagnostician. As a classroom teacher, you observe children and draw conclusions every day.

Do you have a child in your class who seems difficult to control, inattentive, uncooperative, or slow to follow directions? If you observe the child, figure out what might improve the behavior, and try several approaches, you may find that the child's problems are not as serious as you first thought. And if they still seem serious, you can conclude that a professional evaluation is in order.

This process of carefully observing and drawing conclusions helps you plan activities to meet the individual needs of all children. Even though you aren't a professional diagnostician, don't underestimate your ability to spot serious problem areas that may signal special needs in a child.

Ask Questions

Ask yourself some good, basic questions to determine whether a child should be referred for professional evaluation:

Does the child understand so little that it keeps him or her from participating fully in the classroom activities?

Is the child's ability to express him- or herself so limited that it keeps him or her from playing with other children, interacting with you, or being reasonably independent?

If your answer to either or both of these questions is yes, and if the parents agree, referral is needed. If it turns out that the child is *not* handicapped, you and the parents will be reassured and will gain a better understanding of the child. If a problem *does* exist, the child will then be able to obtain the needed help.

Recognize Differences

Distinguish between children who are different and children who may be handicapped. Since the children in your classroom come from a variety of backgrounds and child-rearing experiences, it is only logical that they will react to your classroom in a variety of ways. Remember, too, that each child has a unique personality and temperament.

If you have questions about a child's behavior, consider what you know about the child and his or her background. Many behaviors that seem to indicate hearing problems may be caused by other factors:

- English is not the child's first language.
- The child's behavior reflects cultural differences or other differences in child rearing.
- The child is extremely shy.
- The child is somewhat delayed in developing language.
- The child has emotional problems.
- The child has weak listening skills.

The way to distinguish whether the behavior indicates hearing impairment or something else is through adequate observation and testing.

Get Professional Help

From the child's point of view, referral is better than non-referral. This means that if you think a handicap might account for the behavior you have observed, it is best to have the child professionally evaluated. If you find out that the child does not have a handicap, no harm has been done. If, on the other hand, a handicapped child is not diagnosed, the child's special needs will not be met. Referral is also preferred over non-referral for children who have already been diagnosed: as discussed earlier, children can be incorrectly diagnosed. If a child enters your class already diagnosed as hearing impaired, take an especially close look. Have the child re-evaluated if you have any doubts about the diagnosis.

2

Using an Observational Checklist

The checklist of behaviors that follows can alert you to undiagnosed hearing loss in a child, and help you know when to refer that child for professional evaluation. There are certain aspects of the child's medical history that are important to note on your checklist, in addition to observable behaviors. Look through the child's records or ask the child's parents to help you answer the "medical history" questions. Then continue to fill in your checklist from classroom observations.

If a child displays one or two of the behaviors listed, watch him or her more closely and in a variety of situations. Look carefully for other listed behaviors. You may also want to ask parents or other staff if they have observed any of the behaviors on the checklist. If you can't decide whether something is wrong, request that a specialist, such as a teacher in a special program for the hearing impaired, come to your classroom to observe the child, too.

Medical History

	Yes	No
Is there a history of earaches or ear infections in the child's records?	☐	☐
Does the child complain of earaches, ringing, or buzzing in the ears?	☐	☐
Does the child have allergies or what appear to be chronic colds?	☐	☐
Has the child had a disease (mumps, measles) accompanied by a high fever?	☐	☐
Do parents say that they have wondered if the child has a hearing loss?	☐	☐

Hearing

	Yes	No
Does the child fail to respond to loud, unusual, or unexpected sounds?	☐	☐
Does the child fail to respond to communication that excites the other children? (For example, "Who wants ice cream?")	☐	☐
Does the child frequently fail to understand or respond to instructions or greetings when he or she doesn't see the speaker?	☐	☐
Does the child seem to watch other children rather than listen to the teacher in order to learn what to do next?	☐	☐
Does the child have difficulty finding the source of a sound?	☐	☐
Does the child constantly turn the television, radio, or record player up louder?	☐	☐
Does the child's attention wander or does the child look around the room while the teacher is talking or reading a story?	☐	☐

Speech

	Yes	No
Does the child frequently say "Huh?" or "What?" or show other signs of not understanding what has been said?	☐	☐
Does the child use very little speech?	☐	☐
Does the child have difficulty controlling how loudly or softly he or she speaks?	☐	☐
Does the child have trouble putting words together in the right order?	☐	☐
Does the child's voice seem too high-pitched, too low-pitched, or too nasal?	☐	☐
Is the child's speech full of words and sentences that cannot be understood or recognized?	☐	☐
Does the child have poor articulation?	☐	☐

Other Behavior

	Yes	No
Does the child have a short attention span?	☐	☐
Does the child seem frequently restless?	☐	☐
Does the child breathe with his or her mouth open?	☐	☐
Is the child seldom the first one to do what the teacher has asked the group to do?	☐	☐
Is the child easily frustrated or distracted in a group?	☐	☐
Does the child tend to play in the quietest group?	☐	☐
Does the child tend to play alone more than the other children do?	☐	☐
Does the child seem unaware of social conventions? For example, does the child:	☐	☐
• never say automatically "thank you," "excuse me," or "sorry"?	☐	☐
• generally tap or grab another person instead of calling his or her name?	☐	☐
• not become quiet in quiet areas or activities (church, story corner, naptime)?	☐	☐
• not ask permission to leave the room, go to the bathroom, get a drink?	☐	☐
• appear unaware of disturbing others with noises?	☐	☐

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Steps to Take

If you suspect that a child in your class has an undiagnosed hearing impairment, take the following steps.

1. Find out if the standard screening tests have been given. Talk to the handicap coordinator, the person responsible for coordinating health services, or someone else in your program who you think could be helpful.

2. If the child has been screened, no problems have been found, and you are still concerned about the child, speak to the handicap coordinator, health coordinator, or social services coordinator. The parents will have to give their permission for further testing. Explain the professional diagnostic process and the reasons for it to the parents.

3. While waiting for a professional diagnosis:

- Talk with the parents about what they notice to help you work more effectively with the child.
- Continue to observe and keep notes to help you plan suitable activities.
- Chapter 4 discusses guidelines and ways of conducting activities for children with hearing impairment. Use them if they seem appropriate and if you find they work.

4. Find out the results of additional tests so that you can determine whether your individualized plan for the child needs to be changed. Discuss with the parents the results of the tests and any suggested changes in the services the child is receiving.

How Does Hearing Impairment Affect Learning in 3-to 5-Year-Olds?

3

Hearing loss has its greatest effect on a child's ability to learn to communicate by listening and talking.

22 ***This chapter describes the development and functioning of children with all levels of hearing impairment. Hearing loss has its greatest effect on a child's ability to learn to communicate by listening and talking. And naturally, early problems with communicating or developing language will, in turn, affect the child's cognitive, social, and emotional development.***

Some hearing impaired children have greater obstacles to overcome than other hearing impaired children. For example, some children have much more usable hearing than others, which makes it easier to learn skills such as listening, understanding, and talking. The seriousness of the child's problems with communication, and cognitive, social, or emotional development is influenced greatly by the amount of hearing the child has. But the degree of hearing loss is only one of many very important factors that influence development in a hearing impaired child. Other factors include:

- ***age when the hearing loss began***
- ***age when the loss was recognized and diagnosed***
- ***age when the child started using a hearing aid***
- ***consistency of the use of the hearing aid, and condition of the aid***
- ***age when special services began***
- ***amount and quality of the child's special services***
- ***the nature of support the child receives***
- ***the nature of support the parents receive.***

Following are examples of how these factors influenced the functioning of two hearing impaired children.

Eric

Eric is a five-year-old with moderate to severe hearing loss. Although the loss occurred in infancy, it was not diagnosed until Eric was four. He then began using a hearing aid. He does not wear it all the time, and has not received services from any hearing and speech professionals.

Eric speaks in one- or two-word phrases ("my ball," "car," "all gone"). His pronunciation is unclear and most people cannot understand him. He is shy with other children and does not make friends easily. His mother has trouble controlling his tantrums at home.

As you can see, Eric's development has been delayed because of the late identification of his problem and because he and his family have not received professional support.

Shana

Five-year-old Shana has moderate to severe hearing loss. The loss occurred at birth and was diagnosed when Shana was a year old. At 13 months she began using a hearing aid, and at 15 months she was enrolled in a special education program for hearing impaired children. Shana's parents participated in the program both at home and at school. She and her family have received 3½ years of special training.

*Shana speaks in short sentences ("I want some, please," "Here is my car," "Watch me jump"). Her longer sentences often have words missing ("Where Mommy going now," "The monkey up high," "I go school every day"). Her voice is a little loud and usually sounds nasal. She pronounces many words clearly, but often leaves off ending sounds (**walk** for **walks**), or substitutes one sound for another (**tarrot** for **carrot**, and **shoo-shoo tain** for **choo choo train**). She gets along well with other children, but occasionally is frustrated when they can't understand her. At home she depends on her mother to repeat things for her many times so she can understand.*

Shana's hearing loss is similar to Eric's. But because of the early identification of her problem and the great deal of professional support received by Shana and her family, her developmental problems are not as severe as Eric's.

The special education teacher works with Shana regularly to help her develop listening, speech, language, academic, and social skills.

As these two examples indicate, early identification of hearing loss and early help from a special education program and from the family are extremely important to the development of hearing impaired children. Even if a child is born with a very serious hearing loss, early identification of the handicap, immediate special training, and early consistent use of a hearing aid can greatly reduce the child's problems in developing communication skills, as well as problems in other functional areas.

The following sections describe the development of hearing impaired children in four basic functional areas:

- communication skills
- social and emotional development
- cognitive skills
- motor skills.

Also included at the end of this chapter is a brief discussion on hearing aids.

3

24 Communication Skills

People communicate through facial expressions, touching, gesturing, body movements, listening, and talking. A hearing loss seriously interferes with a child's development of the specific communication skills of **listening** and **talking**. Without some kind of help from hearing and speech professionals, a hearing impaired child is unlikely to develop fully either of these skills.

For all children, listening and talking skills are developed over a period of time and in a predictable sequence. Hearing impaired children must progress through the same developmental sequence as hearing children. You can help a hearing impaired child to develop listening and talking skills by taking the following steps:

Step 1: Identify the child's present developmental stage in listening and talking.

Step 2: Reinforce the child's present developmental stage.

Step 3: Encourage the child to move on to the next developmental stage.

The next section describes the developmental stages for both listening and talking.

Listening

For *all* children, the *normal* sequence of developing listening skills is as follows:

Stage 1. Becoming aware of sounds (both environmental sounds — such as doorbells, clapping, and telephones — and the spoken sounds of conversational language).

Stage 2. Beginning to pay attention to sounds.

Stage 3. Identifying the source of sound.

Stage 4. Distinguishing one sound from another, starting with simple discriminations and progressing to finer, more difficult discriminations.

Simple discriminations: the various tones of the mother's voice; long sounds from short sounds (a nursery rhyme versus a word); loud sounds from quiet sounds (an exclamation versus humming).
Finer discriminations: the ring of the doorbell from the ring of the telephone; recognizing the sound of own name or the bark of a dog; distinguishing one word from another word; and so on. The finer discriminations, including the discrimination of speech sounds, continue to develop throughout the preschool years.

Stage 5. Attaching specific meaning to sounds (for example, associating "mama" with mother and "dada" with father, looking at the door at the sound of a bell, smiling when spoken to affectionately, crying when spoken to crossly, moving hands to the sound of "Pattycake").

A child with normal hearing has reached the last stage of listening development by nine to twelve months of age. A hearing impaired child will need more time as well as specialized help to accomplish each stage of this sequence. For example, one hearing impaired child may be four years old and developmentally at the third stage — attaching specific meaning to sounds. Some hearing impaired children in the Head Start program will move through these stages faster than others, depending on the severity of their handicap.

You can find out what developmental stage of listening a child is functioning at by observing how he or she is able to listen, by talking with the speech and hearing professionals who may work with the child, and by talking with the child's parents. Once you identify the child's present developmental stage of listening skills, you can reinforce this stage in the classroom and encourage the child to move to the next developmental stage. You can use these three steps — **identification, reinforcement, encouragement** — to help a child develop. Consider the following examples.

Nikolai

Four-year-old Nikolai is a hearing impaired child in Head Start. His teacher, Ms. Garza, has followed the three necessary steps to help him develop listening and talking skills.

Identification: *Ms. Garza noticed that Nikolai looked around when the bell rang, but didn't seem to know what made the noise. Once he turned around and looked at the door when it slammed shut. Sometimes he looked up when his name was called from close by. She concluded that Nikolai is in stage 3 of the listening development scale — beginning to identify the source of sounds.*

Reinforcement: *Ms. Garza is pleased to see Nikolai responding to sounds. She reinforces his listening attempts by talking to him about what he has heard. ("You heard the door slam shut," or "Yes, I called your name. That's good listening," or "You heard a bell. Look. There's the bell.")*

Encouragement: *Ms. Garza encourages Nikolai to listen to many different sounds and to identify each sound. ("Listen Nikolai. Ann is calling you," or, during music, "Listen to the drum. It goes boom boom.")*

Ms. Garza reinforces Nikolai's listening attempts by saying, "You heard a bell. Look. There's the bell."

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Tracy

Tracy is a five-year-old with a hearing impairment. Her preschool teacher, Mr. Seals, has been working at helping her develop listening skills.

Identification: *Mr. Seals notices Tracy responding to all the sounds in the classroom. He knows that she usually understands him when he gives her a simple direction, but sometimes mistakes one word for another (***doll** *for* **dog**, *or* **car** *for* **star**). *She turns around when someone calls Stacy, another child in the class. And sometimes she answers "huh?" or "what?" when someone speaks to her. From these observations, Mr. Seals can conclude that Tracy is in stages 4 and 5 of the listening development scale — discriminating fine differences in sounds and attaching meaning to sound.*

Reinforcement: *Mr. Seals can reinforce Tracy's listening by praising her ("Good! You listened to the directions"), or by repeating things when necessary ("I said, get the doll, please. The doll. Get the doll. That's right. The doll!").*

Encouragement: *He can encourage further development by helping her to know what words mean. ("Here's the bear's cottage. A cottage is a small house. See the cottage?")*

Talking

By **talking** we mean both **understanding** (receiving) and **producing** (expressing) spoken language. At each stage of language development, *all* children understand more than they can say. (See the Chart of Normal Development, in the appendix, for a more detailed developmental scale.)

For *all* children, the *normal* sequence for developing spoken language is as follows:

Normal Age
Infancy to 6 months
6 to 9 months
9 to 12 months
12 to 24 months
24 to 36 months
36 to 48 months
48 to 60 months

As the chart indicates, non-handicapped children have usually achieved the final stage of development by age five. (Of course, correct pronunciation, expansion of vocabulary, and growth in sentence complexity continue to develop past the age of five.) Hearing impaired children follow the same sequence in learning to talk, but will need more time and specialized help to accomplish each stage of development. Because of the hearing loss, the age at which a hearing impaired child achieves each level is likely to be delayed. In addition, the ability of the child to pronounce words correctly or understandably is likely to be delayed.

You can find out which developmental stage of talking a child is at by observing how the child communicates, by talking with the speech or hearing specialists who may work with the child, and by talking with the child's parents. Once you identify the child's present developmental stage of talking, you can reinforce this stage in the classroom and encourage the child's progression to the next stage. Again, the three useful steps are: **identification, reinforcement,** and **encouragement.** Consider the following examples.

3

Development of Talking

Stage 1: Using voice to communicate (crying, cooing).

Stage 2: Using voice to communicate and make new sounds (cries, grunts, squeals, and a little babbling).

Stage 3: Imitating the rhythm and voice patterns of spoken language (extensive babbling). Beginning to attach meaning to speech.

Stage 4: Extensive babbling and using one-word expressions.

Stage 5: Enlarging vocabulary, using two-word combinations and short phrases.

Stage 6: Enlarging vocabulary further, using three or more words at a time to make sentences of varying length and complexity.

Stage 7: Combining sentences, sequencing thoughts, and telling stories.

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Rodney

Rodney is a five-year-old hearing impaired child.

Identification: *Rodney talks in short phrases and incomplete sentences ("Car fall down broke," for "The car fell down and broke"). Rodney's speech is difficult to understand. Looking at the stages of language development described above, Mrs. Miles, the Head Start teacher, realizes that Rodney is at the sixth stage of development — using three or more words to make sentences.*

Reinforcement: *Mrs. Miles reinforces Rodney's ability to use phrases by responding to his communication and by showing him she understands ("Oh, I see. The car fell down and broke"). She also expects Rodney to use a phrase of three words or more as often as possible. For example, during snack:*

Rodney: *Cacker.*

Teacher: *You mean you* **want a cracker***?*

Rodney: *Wan-a-cacker.*

Teacher: *Good, Rodney. You said "want a cracker." Here's your cracker.*

Encouragement: *When Rodney uses an incomplete sentence, Mrs. Miles can respond by saying the full sentence for him: "Yes, your car fell down and broke!" Or she can ask Rodney to use full sentences in dramatizing a story: "Rodney, you be the papa bear. You say, 'Somebody ate my soup.'" This encourages Rodney's progress to the next developmental stage.*

Molly

Molly is a three-year-old with a hearing impairment.

Identification: *teacher, Ms. London, notes that Molly uses one-word expressions all the time. She says "ball" for "Give me the ball" or for "Where's the ball?" She says "Mommy" when she sees a picture of a woman or when it's time to go home. Molly also talks in a very soft, high voice. Molly is at stage 4 of the language development scale, using one word to express herself.*

Reinforcement: *the classroom, Molly is expected to use a word when she wants to communicate.*

(Molly reaches for a milk pitcher.)

Ms. London: *What, Molly? What do you want?*

Molly: *Milk.*

Ms. London: *Good! Here's your milk.*

Ms. London also gives Molly many new words to imitate ("What pretty boots! Look, Molly. Boots. You have boots").

Encouragement: *er one-word expressions (stage 4), a child uses two-word expressions (stage 5). Ms. London can encourage Molly to use two words by saying the phrases for her, or by asking her to imitate:*

Molly: *Bear.*

Ms. London: *Yes, a big bear.*

Molly: *My.*

Ms. London: *Can you say "my bear"?*

Molly: *My bear.*

Although the last example shows a successful use of imitation, changes in a child usually occur only after using techniques such as this one many times.

A Word About Speech

In the developmental scale for talking listed on pages 26-27, both language and speech skills are described simultaneously. It is possible to give one developmental scale for speech and a separate one for language. But because the Head Start teacher is not the person responsible for specific speech teaching or speech therapy with a hearing impaired child, the emphasis in the developmental scale in this book is on the stages of language growth. Also, the examples given and the specific suggestions to the teacher are for helping a child to move through the various stages of language development.

But a hearing loss will also greatly affect a child's ability to develop clear or understandable speech. A hearing impaired child, whether deaf or hard of hearing, usually requires the services of a speech pathologist or a hearing specialist in order to develop and improve speech skills such as voice quality, rhythm, and articulation. This is just as necessary for hearing impaired children in mainstream classrooms. Some common problems that occur in the speech of hearing impaired children are:

Voice quality: Because the child has difficulty hearing and monitoring his or her own voice, the voice quality may be too high-pitched, too low-pitched, too nasal, gutteral, tense, weak, quiet, or loud.

Rhythm: A child's speech may be slow and drawn out, may be unsteady, may have stress in the wrong places, or may have an incorrect number of syllables for a given phrase.

Articulation: Certain speech sounds may be missing (such as **wa-uh** for **water**); some sounds may be substituted for others (such as **tu-tee** for **cookie**); and other sounds may be distorted (such as **tssoe** for **shoe**).

You may find that you can understand most of what a child says to you, or you may not be able to understand the child at all. As you get to know a hearing impaired child better and become accustomed to the way he or she speaks, you will find that you can learn to understand the child, even when his or her speech is not perfectly clear. Also, the child's speech can steadily improve with the help of a trained speech therapist or hearing specialist. The Head Start teacher will serve as a correct *model* for articulation but should *not* attempt to teach pronunciation skills to a hearing impaired child. Instead, he or she should concentrate on assisting the child to develop language and feel good about talking. (Specific techniques for the teacher to use are discussed in Chapter 4.)

If a hearing impaired child in your class is *not* being seen by a speech or hearing specialist to work on pronunciation, you should refer the child to the handicap coordinator, social services coordinator, or whoever in your program can arrange for the child to receive speech therapy. Discuss the child's need for special services with his or her parents, and encourage them to seek professional help for their child.

30 Sign Language

You may have a hearing impaired child in your class who uses sign language. The child is probably learning sign language at home or in a special education program for hearing impaired children. Some children with hearing loss are taught to communicate not only by listening and speaking but also by using specific hand movements that have particular meaning. These children follow the same sequence of developing listening and talking skills as other children. But they also learn to attach meaning to a specific sign or hand movement. "Signing" progresses from one-word communications to two-, three-, and four-word phrases. Eventually children will sign complete sentences, questions, and stories. Talking was described earlier as understanding and producing spoken language. Obviously for a child who is learning sign language, "talking" will also include the understanding and producing of signs.

Again, by speaking with the special teacher and parents, you can find out the language level on which the child is functioning. A child who is learning signs is likely to be able to communicate by signing a lot more than he or she can communicate by talking. The child is also likely to be able to understand more signed conversation than he or she can understand through just listening to and watching what you say.

By finding out the child's level of language development, you can accept and reinforce the signed communications and also encourage speaking skills at a level appropriate to the child. For a child who uses signs, the three steps of **identification, reinforcement,** and **encouragement** are equally important.

Charlene

Charlene is a four-year-old hearing impaired child who attends a Head Start program three afternoons a week and a special class for hearing impaired children five mornings a week. She uses sign language in her special class, and her parents use sign language at home. Charlene is in the Head Start program because her parents and specialists want her exposed to the conversation and play of other children in a regular preschool. Her speaking and listening skills are sufficient to benefit from the particular Head Start program in her neighborhood that uses only speech as a means of communication.

Identification: *Charlene's parents informed the Head Start teacher, Ms. Clowe, that Charlene understands full sentences in sign language and can sign phrases and short sentences such as "I want some milk," "my red ball," and "Mommy home. Daddy work." Ms. Clowe notices that Charlene talks in two-word phrases ("my book," "more juice," "where Daddy"), and seems to understand all simple commands and directions in class. Charlene's voice is soft and her words are a little difficult to understand. Charlene is at stage 5 in spoken language development — using two-word combinations and short phrases.*

Reinforcement: *Ms. Clowe expects Charlene to use two-word combinations as often as she can. For example, at snack she waits for Charlene to say "more juice" or "more cracker." Ms. Clowe does not know sign language, so when Charlene signs to her in class, she responds warmly and then encourages Charlene to use a short spoken phrase to express herself. ("You want the big doll? Tell me. Big doll.")*

Encouragement: *Ms. Clowe repeats Charlene's two-word phrases and expands them to three or more words. This rewards Charlene for speaking and gives her encouragement to use developmentally more complex phrases.*

Charlene: *Doggie fall.*
Ms. Clowe: *Yes. The dog fell down.*
Charlene: *My book.*
Ms. Clowe: *Oh! That's your book.*

There are various steps a Head Start teacher can take to assist a child who communicates through sign language. As described above, one is simply to encourage the development of spoken language skills, and to assist the child in understanding the need to speak to people who don't know sign language. Other steps may range from encouraging a child to sign and speak simultaneously, to learning a few helpful signs to support the child's efforts to understand, to having a full-time interpreter/tutor present in the classroom.

The implementation of any of these steps would depend on the teaching methods chosen by the child's parents or recommended by the hearing specialists.

More specific techniques to assist a hearing impaired child in developing communication skills are discussed in Chapter 4.

Social and Emotional Development

Children's social and emotional development is greatly influenced by the range of their experiences, by how other people treat them, and by their developing ability to express their own feelings, desires, and needs and to understand those of others. This is also true for children with hearing loss. Sometimes their problems in communicating with others will affect their self-concept and ability to play and share with others.

Your preschoolers socialize in many different situations. They play alone and in groups. They interact with aides and with you. Being able to communicate is necessary for playing and sharing with others. Because of this, specific problems may arise for a hearing impaired child in social situations. Here are some examples of problems a child may have and suggestions for how you can help.

32 Feeling Good

Monica's ear mold slipped out of her ear, creating a whistling sound. Tony, who was playing with her, was frightened and annoyed by the sound. He got up and moved away, saying, "I don't like that." Monica's feelings were hurt.

In this situation, help Tony and others to understand what makes the noise. "Oh, hear that whistle? That's because Monica's ear mold fell out." And explain to Monica what happened. "Tony heard the noise. It scared him." Your calm and warm attitude will serve as a model to the children, and will perhaps be imitated. Help Monica put her ear mold back in. Talk as you help. ("Monica, your ear mold is whistling. Here, let's put it back in. Okay, now it's fine.") Perhaps explain what you are doing to the other children nearby. Let them help. They can hold the ear mold or hand the ear mold to Monica. Or let Monica show how she can put the ear mold in by herself. Monica can feel good about herself, and the others can learn to understand and accept the hearing aid. (The function and use of hearing aids are described at the end of this chapter.)

Charlie loves to sing with the group. But sometimes his voice is very high-pitched and loud, like a scream. It hurts everybody's ears except his, because he is hearing impaired. When Charlie hits the high note with a shriek, you and the children are annoyed by it, and draw away.

If you and the children withdraw and don't tell Charlie why, he will think you don't like him. If his parents don't take him places because he doesn't control his voice and other behaviors, he will feel left out and rejected. If other adults look at him strangely and with annoyance, Charlie will feel bad about himself. Not only may he stop singing — something he loves and enjoys — he may also lose confidence that he can be liked by other people.

If you encourage Charlie to keep singing with the group, but in a lower, softer voice, he will feel a part of the group and nobody will withdraw. If you and his parents tell him when he talks or sings too loudly, he will learn. Charlie will feel better about himself and will know that other people like him.

3

Participating

Tommy is building a blockhouse. Joey, who is hearing impaired, is playing nearby. Tommy says, "Joey, look at my house." Joey hears something, but is not used to listening carefully. He does not realize his name was called. Tommy calls again, but gets discouraged because he gets no response. He talks to someone else.

In this situation, Joey has isolated himself. He missed out on the opportunity to play with Tommy. If you notice this, you can help Joey. Tell Tommy to move closer and call again. If Joey still is unresponsive, touch him and tell him that Tommy is calling him. In general, encourage others to talk to him. You can do this by suggesting games to play together ("Do you boys want to play with the big truck?"), by involving him in their play ("That's a nice puzzle. Show it to Joey"), or by providing a talking situation ("Ask Joey to get the cups").

Encourage Joey to listen, and help him understand what is said ("Joey, he said *cups*. Listen again. That's right. You get the cups").

Cooperating and Sharing

Three children are in the house corner. Two children pick up the only two dolls. Larry, who is hearing impaired, wants to play, too. He grabs a doll away from Belinda. She gets mad and tells the other child, "Larry took my doll." Then she hits Larry and they fight over the doll.

Many preschool children need more experience in sharing. But for Larry there is an added problem. Perhaps he hasn't been taught to say "My turn" or "Can I play?" or "I want a doll." Or perhaps he can say these things but not clearly enough so that others can understand him. He needs to learn to say what he wants. Larry also needs experiences in playing with other children. But he may also need assistance. You can help him by teaching him what to say and setting limits. Encourage Larry to ask "Can I play?" or "Can I hold the doll?" Explain to him, "You want to hold the doll, don't you? Okay, after Belinda, it will be your turn."

Making Friends

Sharon, who is hearing impaired, grabbed Gia by the hand and started to pull her to the dress-up corner. Gia pulled away and said, "Stop it." Sharon didn't seem to understand.

Sharon may not be used to saying "Come on, let's play." Perhaps she is just learning to say words. Being warm and supportive may help both children understand what to do. "Sharon wants to play with you, Gia. You could play dress-up. Sharon, can you say 'Come'? Tell Gia, 'Come on!' "

34 Learning the Rules

Going out to the playground, the children all started to run. You said, "Everybody walk, please." Robbie, who is hearing impaired, kept on running.

Maybe Robbie didn't hear you, so he kept going. Maybe he heard you, but didn't understand what you were saying. Maybe he heard you and was disobeying. Since you do not know, you must make sure Robbie hears, sees, and understands your directions. Catch up to Robbie, rephrase what you said, and let him watch you and listen again. "Robbie, please walk. I said, 'Everybody walk.' All of us should walk." Once you are sure he understands what you have said, he should be expected to follow the rule like any other child.

Summary

Hearing impaired children have the same social and emotional needs as do other children. But how these children feel about themselves depends on what they are allowed to do, how they are taught, and how they are treated. Clear limits, as with all children, help them learn acceptable behavior. Affection helps them feel that it is nice to be in the world and that other people are glad they are there. Attention and assistance rather than rejection and annoyance help them develop feelings of competence in coping with problems they have: they are less likely to blame themselves for their problems.

Cognitive Skills

Cognitive development refers to how children understand and organize their world. Cognitive development includes such skills as reasoning, storing and remembering information, seeing relationships and differences, classifying things, defining and describing, evaluating, comparing and contrasting, inventing, problem solving, and more. Hearing impaired children have the same potential for cognitive development as non-handicapped children. And the process of developing cognitive skills is the same for hearing impaired children as for other children. The challenge for all preschool children is to understand and organize their world in terms of *language*. Since this is precisely the area in which a hearing impaired child has great difficulty, their delay in language development may also delay their cognitive development. The sooner children are helped with their communication problems, the more likely it is that their cognitive development will progress.

Motor Skills

Hearing impaired children's gross and fine motor development is the same as that of other children their age. Gross motor skills involve using large muscles to move your arms, legs, torso, hands, and feet. Fine motor skills involve using small muscles to move your fingers. Like other preschoolers, hearing impaired preschoolers are very active and are learning to climb and jump without difficulty. They can play and experiment with blocks and boxes, finger painting, and clay modeling as well as any preschooler. They are curious and use all their senses (except their hearing) as well as other children.

Sometimes you may see a hearing impaired child do something for the first time that his or her classmates have already learned to do. The reason for the delay may be that the child

can't learn as quickly through listening as other children. He or she may have to observe something before being able to do it. This fact may limit the range of experiences of many hearing impaired children, so that some of their motor skills come a bit later than they do in non-handicapped children. But the problem will usually not be serious. The child should be able to participate in any physical activity.

Hearing Aids

The major kind of mechanical aid used by hearing impaired children is a **hearing aid.** A hearing aid helps a child by making sounds louder. Its effect depends on the seriousness of the hearing loss. For some children an aid makes spoken words understandable. For others, it only helps them to hear speech partially. And for still others, it may only help them know that sounds are being made. One problem with a hearing aid is that it makes *all* sounds louder, not just speech. This means that sounds such as radiators, outside traffic, the crashing of blocks, people walking, and so on will be made louder and will interfere with the child's listening.

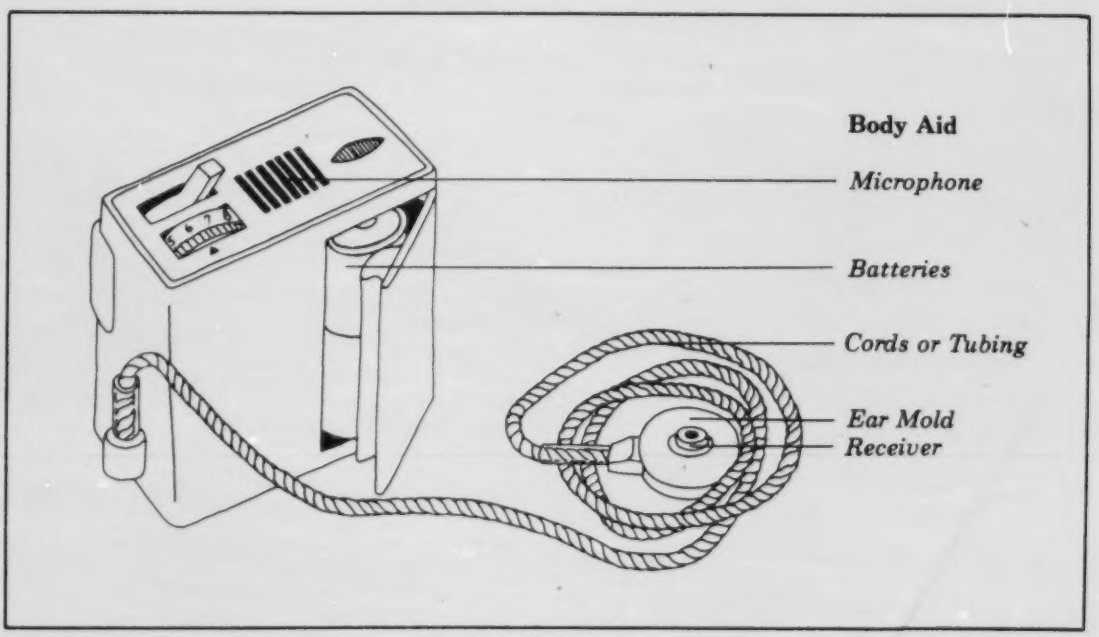
There are two kinds of hearing aids worn by children:

- the body aid, which is worn on the body in an appropriate harness
- the ear-level aid, which is worn behind the ear.

All hearing aids work the same way. As shown in the drawing, they consist of five basic parts:

- a **microphone** in the body of the hearing aid, to pick up the sound
- **batteries** in the body of the hearing aid, to provide power to make the sound louder
- an **ear mold** which holds the receiver and carries the sound into the ear
- a **receiver** attached to the ear mold, which adapts the sound so the ear can use it
- **cords or tubing** to connect the system. Cords should be long enough to permit freedom of movement, but not so long that they get in the child's way.

In rare cases in which a child is unable to use a standard ear mold and receiver (due to a missing ear or ear canal), a small **vibrator** can be worn on a headband near the ear to act as a receiver.



36 Checking the Hearing Aid

For the hearing aid to help, it must be turned on and working well. **You should check a child's aid several times every day.** Make sure it is turned on. Take the ear mold out of the child's ear and listen through it to make sure the aid is working. The ear mold can be removed and reinserted by a gentle pushing and twisting motion. If the ear mold is not in the ear properly, or if it falls out, you will hear a whistling sound. This is simply feedback noise, which can be eliminated by inserting the ear mold into the ear snugly. If the squeal is constant, the child may need a new ear mold. You might ask the child's parents, a teacher of the deaf, or an audiologist to give you guidance in how to put in the ear mold, check the hearing aid, and take care of it. Below is a short checklist to assist you.

Daily Hearing Aid Check

1. **Is the equipment in good condition?**
   Look at the aid and ear mold. They should be free of dirt and wax. Look at the cord. It should be free of breaks or cuts.

2. **Is the hearing aid turned on?**
   The switch should be on "M" for microphone.

3. **Is it loud enough?**
   Ask the parents what the volume should be and check to make sure it is correct. If it isn't correct, adjust the volume to the proper setting.

4. **Is it working well?**
   Listen through the ear mold. The sound should be clear — not fuzzy, intermittent, or static. The sound should be strong, not weak.

If you discover a problem (for example, the hearing aid sounds weak, there is no sound at all, there is static sound, or the sound cuts on and off), you should notify the child's parents immediately. Perhaps the aid only needs a new battery. Or perhaps it needs to be repaired. The child's parents should know what to do in either case.

Often the problem will be a weak or dead battery. The average life span of a battery is five to seven days. Since you may have to change a hearing aid's battery quite often, it is important to ask the child's parents to give you some spare batteries for the classroom. Cords wear out and break and children grow out of ear molds quickly. Your daily hearing aid checks will help to spot any problem with either the cord or the ear mold.

Caring for the Aid

The hearing aid must be kept dry and clean. Be sure to give the child a protective smock during water play, sand play, or painting. A body aid should be secured properly to the child, in a comfortable, snug-fitting harness or behind the ear. The aid should not be clipped to a shirt or lying loosely in a pocket.

Parents are often reluctant to allow their children to wear hearing aids all day at school or even at home. While it is wise to be cautious, the aid may only help a child if he or she is wearing it. Parents may not know that the hearing aid dealer can help them obtain insurance for the aid to cover loss and damage.

Chapter 4:

Mainstreaming Children Who Are Hearing Impaired

4

Parents, audiologists, a child's hearing specialist, and the Head Start staff should be involved in the decision to mainstream.

38 ***This chapter provides suggestions on how to mainstream children with hearing impairment. It includes information on how to decide about mainstreaming, planning, classroom set-up and management, and general teaching guidelines. It also describes specific teaching techniques and how to use them in teaching hearing impaired children.***

What to Consider in Mainstreaming

Project Head Start stresses that all handicapped children, regardless of the severity of their handicap, should be considered for enrollment in Head Start if the particular program has the resources required to meet their needs adequately. For a hearing impaired child, there are other factors to consider. It is generally accepted today that once a child's hearing loss is discovered and diagnosed, the child (whether deaf or hard of hearing) should be enrolled in the individualized special education program. One component of a comprehensive special education program may be the placement of certain hearing impaired children in mainstream situations (such as full-day, half-day, a few times a week) with non-handicapped children their age. In these cases, the special education programs offer support services to the Head Start, nursery, day-care, or other preschool staff members. For some hearing impaired children, however, participating in a mainstream classroom, even on a part-time basis, may not adequately serve their needs.

Parents, audiologists, the child's hearing specialist, and the Head Start staff may want to be involved in discussing whether a mainstream placement would be most beneficial for a hearing impaired child. Head Start staff will want to consider what community resources are available to help the child, their classroom resources, and current demands being made on teaching time and program resources. The following factors need to be considered in figuring out whether a mainstream setting would be most beneficial to the child.

1. The Child's Communication Skills

Consider the willingness of the child to attempt speech to communicate with others. Also consider the child's ability to pay attention to a speaker, to follow a simple direction, and to understand things from situational clues. The extent of the child's understanding is more important than his or her level of talking, although some basic skills will be needed in both areas.

2. The Child's Social Skills and Self-Concept

It is most beneficial for the child to have a positive self-concept and be able to handle situations involving trial and error. A child with a very low frustration level will probably not handle a mainstream situation well. Sometimes, a lack of experience in sharing, taking turns, following rules, or making decisions is exactly why parents and professionals may want the child mainstreamed. But the child needs a certain amount of self-confidence, good-naturedness, patience, and determination to benefit from programs with nonhandicapped children of the same age. Also, consider the readiness of the child to leave his or her parents.

3. The Child's Other Skills

The child should have a number of interests and abilities that fall within the normal range of skills for his or her age level.

4. The Child's Need for Special Education

Provisions can be made for specialized instruction by teachers of the hearing impaired, depending on the needs of each child. Some children with hearing impairment attend specialized programs one half of the day and mainstream classes the other half of the day. Children can be mainstreamed for a full day, a half day, a few days a week, or even a few hours a week. Mainstream class placement is often supplementary to a special education program for a particular child. If the Head Start program has several options (such as full- or half-day programs), these should be considered in determining the best services for the child.

The above considerations should assist parents and educational teams in deciding to what extent a mainstream setting would be beneficial to a child. Not all hearing impaired children should be mainstreamed, at least during the preschool years. For a child with severe hearing loss, a child whose hearing loss was identified late, or a child with low language functioning or other problems, the child's needs may be best served in a full-time special education program. These children often need the intensive, specialized services of teachers of the deaf. Head Start may be able to assist in this alternative placement.

This chapter lists techniques that a teacher without special training in working with hearing impaired children can use to teach these children. In a mainstream setting, the Head Start teacher has a daily opportunity to help a hearing impaired child benefit from the classroom experience. The child will truly benefit only if he or she can fully participate in and enjoy the various play experiences and classroom activities provided. The techniques in this chapter are for teachers to use in helping hearing impaired children feel good, participate, and learn in the preschool classroom.

The techniques and suggestions given are most appropriate for a child who functions as **hard of hearing**. As defined in Chapter 2, this child can use his or her hearing for the basic purposes of life and may or may not use a hearing aid. This book cannot help you teach a child who is functionally **deaf**. This child is described in Chapter 2 as unable to use his or her hearing with or without a hearing aid for the ordinary purposes of life. The techniques suggested in this chapter would not be appropriate for such a child.

4

40 Regardless of the child's degree of loss (mild, moderate, severe, or profound), he or she must have already developed some useful communication skills in listening, understanding, and talking in order to benefit from a mainstream classroom. The potential to improve on these skills is there. The mainstream setting provides daily opportunity to encourage the growth of these skills.

Steps to Take

With any hearing impaired child in your class, there are some important steps to take.

1. Get to know the child. Learn the child's strengths as well as needs.

2. Get to know the child's parents and work together with them. They may be able to give you valuable suggestions. In turn, you can share with them ideas that you have found useful in working with their child.

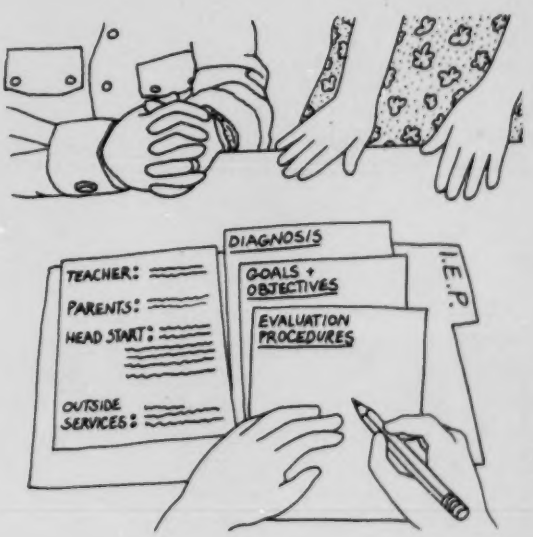
3. Learn all you can about hearing impairment. Read enough about it so that you feel comfortable, prepared, and confident. Talk to teachers, parents, friends, and specialists who have worked or lived with hearing impaired children.

4. Avoid being overprotective, but be alert to the child's needs for support. If you do things for children that they can do on their own, the success is yours, not theirs. And if you ask them to do things they aren't yet capable of, they will fail. The best encouragement for learning and developing is a good, solid success. You can create the circumstances that make this not only possible, but likely.

Planning

The planning process for a child with hearing impairment has the same purpose as for other children: to help you map out a course of action for working with each child. This process calls for the involvement of several people: the teacher, the parent or parents, Head Start staff from the various service components, and service providers from outside agencies.

The goal of the planning process is to produce an **Individualized Education Program** (I.E.P.) for the child, which is now required by Public Law 94-142, Education for All Handicapped Children Act, and required by Head Start Performance Standards. Based on an evaluation of the child, the Individualized Education Program states the child's present level of educational performance, the annual goals and short-term instructional objectives for the child, and evaluation procedures for determining whether instructional objectives are being achieved.



For each handicapped child Project Head Start requires the following elements in the planning process:

1. An interdisciplinary team is required to make two kinds of diagnoses: a **categorical diagnosis** and a **functional diagnosis.** A categorical diagnosis is simply a statement of the kind and severity of the child's handicap. This kind of diagnosis is useful to you only for reporting or record-keeping purposes. The team also should develop a functional diagnosis, or assessment, which is useful to you in your classroom planning and teaching. It is a development profile that describes how the child is functioning, and that identifies the services the child requires to meet his or her special needs.

2. Based on the functional assessment, an **individualized education plan** is to be developed for the child. This plan describes the child's participation in the full range of Head Start services, and the additional outside services that will be provided to respond to the child's handicap.

3. Periodically, **ongoing assessments** of the child's progress are to be made by the Head Start teacher, the child's parents, and (if needed) by the full diagnostic team. If these re-evaluations show that the child's individualized education plan or the services he or she is getting are no longer appropriate or needed, they should be changed or adjusted.

4. When the child leaves the program, Head Start should make arrangements for the **continuity of needed services** in elementary school. This can be done in a variety of ways, but usually involves holding a conference with parents, the school, and service providers. The elementary school should be given a description of the services the child has been receiving, recommendations for future services, and the child's records from Head Start.

As the child's teacher, you are involved in many of these procedures. Your part in the planning process is described in more detail in the following six steps. These steps are just as useful with non-handicapped children and other handicapped children as they are with hearing impaired children.

Step 1: Observe each child in a variety of activities, identify strengths and weaknesses, and record your observations.

Step 2: Set objectives based on what you have observed as reasonable for the child to achieve.

Step 3: Select classroom activities and teaching techniques that can best help each child reach the objectives. Seek outside assistance as needed.

Step 4: Develop the plans with the child's parents and specialists.

Step 5: On a continuing basis, observe, evaluate the child's progress, and develop new objectives.

Step 6: When the child is ready to leave Head Start, make plans to ensure that there is continuity of needed services with the public school.

Each of these steps in the planning process for handicapped children is discussed in greater detail below. For help in individualizing your activity planning for hearing impaired children, see the section in this chapter titled "Teaching Techniques," p.62.

Observe

The process and purpose of observing is the same for all children. The purpose of observing a child is to identify the child's **developmental level** — the level at which the child is actually functioning. This can tell you much about the child as an individual. Progress is made by building on the child's strengths and working on areas that are weak. As you observe the child in a variety of activities, you should take careful notes. Another name for this process is assessment, or evaluation. Evaluation is particularly necessary and useful to the planning process because it makes you aware of the basis for what you do in the classroom. The following example describes a situation that calls for observation.

Michelle

At the beginning of the year you meet four-year-old Michelle. Michelle is brought to preschool by her mother and her teacher from a special education program for hearing impaired children. They tell you that Michelle is severely hearing impaired but she has already learned to respond to her name, understand and follow simple directions, and speak in single words and two-word phrases. Her mother says Michelle's talking vocabulary is about 200 words. You arrange to talk again with the special education teacher at another time. You want to know much more about Michelle. You want to know what Michelle can do in class, what she can understand, and what she can tell you. Besides getting information from Michelle's special teacher, you will want to make you own observations.

"Michelle seemed annoyed when Janet said it was a cracker, not a cooky."

How To Observe

Observation is a technique of focused looking and listening to what people say and do. Using observation as a tool for learning about children involves being systematic, watching for patterns, and using the information.

Be Systematic

Your first step is to decide what you want to observe. Thinking about Michelle again, for example, you remember that she doesn't say anything to you when she comes into the room each day. Since you know she has communication problems, you want to observe how she handles other activities that require such skills.

You next think of other activities that require listening, talking, or understanding. They might be following directions, playing with or talking to other children, listening to a story, participating in a song or game, getting people's attention, or asking you for help. You will want to observe Michelle when she is doing these things.

Your observation notes should include several kinds of information:

- What the activity is (for example, snack).
- What is happening around the child. ("The room was noisy and confused. At one end of the table, Karen spilled her juice. At the other end of the table, Aiko was picking a fight with Steven.")
- The details of what Michelle does in terms of communication skills. ("When Michelle got her juice, she said 'Mine' and smiled. When the other children were talking and laughing, she giggled. When she wanted more juice she held up her cup and said 'More joo' in a loud voice. She showed her cracker to Janet and said 'Cooky.' ")
- How the child is feeling. ("Michelle seemed pleased when the teacher understood her request for juice. She was annoyed when Janet said it was a cracker, not a cooky. Michelle seemed confused when the other children began to giggle.")

You continue to observe Michelle's communication skills regularly enough and long enough to get a sense of how she is functioning in this skill area.

Here are some general tips to help you be systematic as you observe.

1. Note details

It is very important to write down specific, detailed observations that focus *exactly* on what the child does. For example, if you write down, "Michelle didn't answer when I asked if she wanted more juice," this could mean that she wasn't paying attention, was being stubborn, was involved in something else, was in a very noisy area, or a number of other possibilities. However, consider this version: "Michelle was seated in a quiet group of children. She was watching the teacher ask if anyone wanted seconds. The teacher called Michelle three times. Michelle looked at the teacher and the other children questioningly." These notes can be helpful to you, to parents, and to specialists in understanding the child's strengths and weaknesses.

For information to be useful to you and others, it must be specific.

2. Write down the details as soon as possible

Note down what you see as soon as possible, since it's easy to forget quickly the details of a child's behavior in a particular circumstance. Details are important: they describe a child's individuality. They are also the best indicators of a child's needs. When you take notes, try not to be obvious about it. Write them down away from the child.

3. Plan a realistic schedule

Your observations should be scheduled, just as your activities are. Observe and make notes as often as necessary to get a full picture of what the child does easily and has problems with in the skill area you are focusing on.

4. Vary the settings in which you observe

Children can behave differently in different activities and moods, so it's important to observe a child in a variety of situations. Observe the child on the playground and in the classroom. Observe the child as he or she plays alone, with other children, and with you and other adults. Observe the child when he or she is feeling happy, sad, tired, rested, friendly, and angry, because these feelings affect the child's behavior.

5. Vary your observer role

You might also try to vary your role as an observer. You can act as a spectator-observer, watching but not participating. For example, you can observe from the side of the room while another adult manages the classroom activities. Or you can be a participant-observer, taking part in the activity with the child. It is usually easier to observe as a spectator, so you might try this method first. Again, be careful not to call attention to yourself as you observe, otherwise the child might not act naturally.

6. Start by observing one child at a time

As you become more experienced in observing, you will probably find that you can observe more than one child at a time. It's best not to try to do this, however, until you are pretty sure you won't get confused, or miss or forget important information.

Watch for Patterns

Watching for **patterns** is an important part of observation. You may notice that a child sometimes forgets the name of a game, is quiet, or doesn't answer when you call. All preschool children do these things from time to time. What you want to know is whether the child often or always does these things. Carry a piece of paper and a pencil around with you and keep track for a few days. Be sure you are objective (factual) about your observations — try to keep your own feelings and reactions separate. In this way, you will be able to see the patterns that point to the particular skills with which the child needs help.

Going back over all the notes you have made can help you discover patterns you didn't see before. You should review your notes on a regular basis. The information in them can help you identify new skill areas and behavior you might want to find out more about, either by observing or by other assessment methods.

Select and plan activities that will emphasize words.

Use the Information

Once you have observed a child systematically, written down your observations, and reviewed your notes, you should be able to identify what the child can and cannot do that is reasonable to expect at his or her age. This information can be used to develop objectives for the child, and to select activities and teaching techniques that meet the child's needs. This information also becomes a basis of discussion with other teachers, the parents, and the specialists.

For example, when you review the observations you made about Michelle, you have a clearer idea of the developmental level of Michelle's listening and talking skills. In particular you notice that she needs to add some basic words to her vocabulary, such as nouns to name persons, places, objects; verbs to express action, existence, occurrence; and adjectives and adverbs to modify nouns and verbs. Since one of your objectives is to increase Michelle's vocabulary, you select and plan activities that will emphasize words. These activities might be pointing to pictures, talking to her while she plays with color and object puzzles, making pictures and word books about her toys and classmates, having her match or sort objects, pictures, or color cards, and naming them as she works.

Set Objectives

An important part of the planning process is determining individual objectives that will lead to the maximum development of each child. The objectives need to be realistic in terms of the purpose of Head Start and the program's staff and time resources. Most important, the objectives should be developmental objectives. In other words, you may not expect a hearing impaired four-year-old to speak and listen exactly like non-handicapped four-year-olds, but you can expect the child to progress to his or her next developmental level in terms of communication skills.

Here are some guidelines for setting objectives:

1. Be specific

When you have gotten together your observations, you will find some areas of strength and some weaknesses. This information is not particularly useful until it is translated into what the child *needs.* State objectives in terms of skills and behaviors that need to be learned and that you can observe. Set a target date for the achievement of each objective. For example, if Crystal has difficulty calling the teacher and other children by name, your objective for her is to learn each one's name. To make this objective more specific and easier to observe, state it as follows: "In two months, Crystal will be able to name each child and the teacher as she points to each one in the room."

46 **2. Develop both long- and short-term objectives**

If a hearing impaired child is enrolled in a special education program in addition to Head Start, the development of long- and short-term objectives should be discussed with the special education teacher. If Yolanda does not use color names, a long-term objective for her may be: "Yolanda will learn to name the eight basic colors." Short-term objectives that will help Yolanda meet the long-term one are: "In one month, Yolanda will point to the colors correctly as the teacher names them. In two months, Yolanda will name four colors as the teacher points to them. In three months, Yolanda will name eight colors correctly as the teacher points to them."

3. Develop new objectives as needed

Objectives will have to be changed if your observations show that there is a need for it. If Yolanda learns to name the eight colors in two months instead of three, or if it takes her more than three months to learn the eight color names, you will want to develop new objectives to fit Yolanda's progress and needs.

"In one month, Yolanda will point to the colors correctly as the teacher names them."

Step 3:

Select the Program, Activities, and Techniques

If your Head Start program has several program options, you need to consider which one can best meet the objectives you have set for each child. For some hearing impaired children, a full-day program is best. For others, a half-day program combined with a home-based program or a special class might be best. The particular combination of Head Start and other services that is best and the amount of time spent in each varies from child to child (see the section "Considerations in Mainstreaming" at the beginning of this chapter). It is a good idea, however, to start off by *expecting* the child to participate in *all* standard Head Start activities along with the other children. The child's program can then be revised, if and when it becomes necessary.

To make it possible for hearing impaired children to participate in all your usual classroom activities, you can use a variety of teaching techniques to make sure each child gets what he or she needs. For examples, look at the teaching techniques in this chapter (page 62).

Step 4:

Develop Plans with Parents and Specialists

Parents

Sometimes it is hard for parents to recognize changes in their child from day to day. In the classroom you have the opportunity to see children for long stretches of time, to observe them performing a wide variety of activities, and to compare each child with many other children. For these reasons, you can observe a child's daily progress and set realistic objectives based on your observations. On the other hand, parents know a great deal about their child that no one else can learn simply by being the child's teacher. Moreover, for education to be effective, parent and teacher goals for the child need to be consistent so that both are working, in their different roles, toward the same end.
Develop your plans with parents. Share with parents the progress their child is making in your classroom and ask them to share with you their child's accomplishments at home. As you work together with parents, you might invite them to observe the program and to assist in class activities.

48 ## Specialists

For a hearing impaired child, the amount of time spent with a specialist can vary greatly. Perhaps a child is only seen every few months by an audiologist. Or maybe he or she is seen one, two, or three times a week by a speech therapist. Or a child may be in a class for a full or half-day, three to five times a week, with other hearing impaired children. In these various situations the specialist is seeing the child in limited settings, for only certain periods of time, and perhaps in interaction with only themselves, the parents, or other handicapped children. Sharing your observations with specialists can provide them with valuable information on the child's activity in a more normal setting. In turn, the specialists can help you understand what limits the handicap imposes on the child's activities, and may be able to help you develop objectives that are based on the child's needs and abilities.

Step 5:

Continue to Observe, Reassess, and Make Adjustments

While a formal assessment of each child's development and progress may occur only once a year, you should aim for more informal evaluations much more often. (Remember how quickly children change at this age, especially in a stimulating classroom!) As you observe and record regularly a hearing impaired child's responses in major skill areas, your understanding of that child and the effects of the hearing loss will grow. Keep in mind the objectives toward which the child is moving, and how much progress has been made.

Refer often to your past observations, and look for patterns in skill areas. If, for example, there is a pattern of pointing to things rather than asking for them, consider whether you have seen some improvement in this area. Try to figure out which activities the child has enjoyed most and which ones seem to have caused the most improvement. Which activities stimulated the most talking or vocabulary learning? Try to include more of these kinds of activities in the future.

Step 6:

Continuity Between Head Start and the Public Schools

As a result of the Education for All Handicapped Children Act, public schools will increasingly be providing the benefits of mainstream classrooms and special services to handicapped children. After being in a mainstream Head Start classroom and receiving special services, children with hearing impairment will need to have these advantages continue. There are several things a handicap or social services coordinator and you can do to contribute to the continuity of the education that a hearing impaired child in your program has been receiving.

- **Some Head Start programs have developed formal relationships with the public schools in their areas, to assist in the transition between preschool and elementary school. If your program has no formal relationships with the public schools, you might explore the possibility of establishing them. Your program director or handicap coordinator will know where to go for suggestions on how to achieve this.**
- **Developmental continuity is made easier if community providers of special services to Head Start children continue to provide them to children as needed when they go on to public school. Before a child leaves Head Start, you can discuss the child's future plans with the specialists who have been working with him or her.**
- **Parent participation in the services the child has been getting in Head Start is a valuable foundation to build on. Encourage parents to continue their involvement and to make sure that their child receives needed services in elementary school.**
- **Finally, you can keep in touch with the child and his or her family after the child leaves your classroom. A telephone call or a visit to find out how things are going will be appreciated by the parents. If the child is having problems, your suggestions on how to deal with them would be welcomed.**

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Try to figure out which activities the child has enjoyed most and which ones seem to have caused the most improvement.

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The Physical Setting and Classroom Facilities

No two Head Start programs have the same classroom facilities, and few of them have ideal physical settings. But wonderful learning environments often exist without modern buildings, fancy furniture, or expensive materials. The children and the staff really make any preschool program. One of the best things you can do for hearing impaired children is to talk to them and encourage them to talk.

By and large, most handicapped children *don't* require special classroom arrangements or extra materials. You can adapt and reorganize the materials you already have to meet the needs of hearing impaired children. Basically, the classroom should be arranged to suit the ways you use it every day, with minor modifications to suit the special needs of a hearing impaired child. These modifications should not be necessary very often.

In general, arrange your room so that the child can explore the space and use the materials with as little assistance as possible. Here are some suggestions that are useful with *all* children. They are particularly helpful for hearing impaired children.

Visual Materials

Pictures and other visual materials can be very helpful to hearing impaired children. Clear, simple pictures bring meaning to the language being used and help children understand and sequence stories, rhymes, and activities. Use bright, clear, simple pictures to supplement stories, give directions, discuss trips, or learn new words.

For stories or rhymes that you tell often, try to have one picture for each part of the story or rhyme. Or for a cooking activity, try to have one picture to represent each step of the activity.

A word of caution about visual materials: try not to clutter a teaching area with too many pictures, or pictures that are detailed and complicated. They could actually distract, rather than help. An area is probably visually distracting if:

- *you* find the area looks cluttered
- the children are always looking at the wall behind you or to the right or left during an activity
- the children cannot find a specific item or detail in an activity because of too much to choose from.

Slides, pictures, and other visual materials bring meaning to the language being used.

Lighting

Good lighting is especially important and helpful for hearing impaired children. They pick up a lot of information with their eyes that other children get from listening.

For example, many hearing impaired children learn to speech-read (lip-read). This means that, along with listening, they watch a person's lip and tongue movements, facial movements, and expressions to help them understand what that person is saying. In order to speech-read successfully, however, hearing impaired children need good lighting.

Make the most of the lighting in your classroom. When you speak, make sure that the light is on your face — shadows make your face and lips hard to see. You might arrange the seating areas so that you face the window or light source and the children face away from it. In this way the light will fall on your face and the children won't have to look into the glare. Lighting is especially important for such situations as giving instructions, seating the children for an activity, telling a story, and leading a song.

Noise Level

Avoid placing noisy activities next to quiet activities. Noise and movement distract some children from quieter tasks. This is particularly true for a child with a hearing aid, since the aid makes all sounds in the environment louder. Hearing impaired children need help in improving their talking and listening skills, which is a lot easier when it's relatively quiet.

There are various ways to improve the acoustics in your classroom. These would include using carpeting or throw rugs, drapes, soft or thick materials on the walls, and acoustic tile ceilings. An area rug will help to create a quieter environment, which is nice for everyone in the classroom.

Personal Places

There should be a quiet place available where children can go on their own. Some classrooms have cubbies where children keep their personal belongings. These are sometimes large enough to be used as nice "escape hatches." You can even rig up a curtain that can be drawn across the cubby, if the children would like this. Try to arrange your book area so that it is soft and comfortable, and has private nooks and crannies.

Everyone needs to get away from it all every once in a while. A child with hearing impairment may be worn out from the strain of listening and watching for long periods of time. If a hearing impaired child is slowing down, he or she might choose to go to a quiet area of the classroom, away from the other children and adults.

52 Use What You Have

You don't need special materials for a child who has hearing loss. As with any child, you sometimes need to adapt what you have by thinking about what the child needs to learn from the materials. Watch the child to see if the materials are too complicated. If they are, the way the child reacts will let you know how to simplify them.

In your teaching, try to select challenging materials that will stimulate children's curiosity. Offer materials that need active fingers and hands, and that allow a variety of uses. Since learning takes place through all the senses, include materials that a child sees, hears, feels, smells, tastes, and moves. As mentioned earlier, visual material is particularly helpful for a child with a hearing impairment.

General Teaching Guidelines

There are many good ways to teach. Because of your personality, temperament, and values, you have developed your own individual teaching style, which is reflected in the activities you choose, and in the ways you interact with children. Good teaching techniques are often the same for the education of any child, whether handicapped or non-handicapped. So it is best not to try to change your natural teaching style for a hearing impaired child. It will only serve to make both you and the child uncomfortable.

With hearing impaired children, you will want to apply your teaching skills consciously, using those skills that most effectively serve the needs of the child. You do much the same for every child. But since children who are handicapped have problems that seriously interfere with overall performance, they require extra consideration. Below are some basic principles that you may already know and use with all children. They are particularly useful in working with children who have handicaps, including hearing impairment.

1. Starting Out

Some adults are nervous and worried about working with a handicapped child for the first time. This is a typical reaction when they don't know a child very well yet (if at all). As a result they sometimes start out thinking of the child as a "*hearing impaired* child." As they spend time with the child, watch the child, play with the child, and hug the child, they usually find that they have begun to think of the child as a "*child* with hearing loss," and soon they think of him or her as a "*child*," plain and simple.

Your first efforts working with a child may not all be successful — this is to be expected. You may feel frustrated and guilty. If something goes wrong (as things do from time to time), figure out what happened, and keep it in mind for the next time.

Don't expect miracles. No one is asking you to cure the child, or to make the child into the best talker in the class. Sometimes, even with the very best help from you, the staff, and specialists, a child just doesn't make as much progress as hoped. All you can do is your best to try to help. There will be times when you will be disappointed and upset. However, there will also be many times when you will succeed in helping these children to make the best compensations they can for their handicap, and to take advantage of the talents and skills they do have.

2. Classroom Personnel

Aides and volunteers play a key role in all Head Start programs, and their assistance should be included in classroom planning for children with special needs.

Aides

Your aide or assistant helps you teach activities and work with children individually. This help is especially valuable if you have a hearing impaired child in your class who needs special attention and assistance. Aides should be included in developing educational objectives for the child and in ongoing planning. Both you and the aide should agree on what the aide should do, and *why*, to help the child learn and play with other children.

It is not a good idea to have the child work constantly with only one adult. This isolates the child from other children, defeating the purpose of mainstreaming. Some children, however, will need the security of an attachment to only one adult in the classroom before they are able to work with several adults. You may want to assign an aide to work with that child for a while.

On the other hand, other problems can be created when a child has too many care givers who come and go. This makes it hard for the child to form emotional attachments. Children learn better with the reassuring presence of a few people they know and care about.

Care for the child should therefore be shared among several adults. Individual attention should be limited to what the child needs so that he or she is not separated from the group too often.

Volunteers

Volunteers can be helpful in working with handicapped children even though their work hours are probably shorter and less predictable than those of aides. They, too, need explanations and directions from you about what they are requested to do.

Head Start has always had the benefit of parents working as volunteers. This should be encouraged. High school and college students are also ideal volunteers. Young people who are learning about children in school are often interested in working with them. Other sources of volunteers are senior citizen clubs or apartment complexes for the elderly. Many elderly people, especially those whose grandchildren don't live nearby, would be pleased to help with young children — and they certainly are experienced! Other excellent sources of volunteers are organizations and agencies in your community that work with handicapped children (such as local chapters of national associations, children's hospitals, rehabilitation centers).

See to it that everyone who works with a handicapped child in your class gets along well with him or her. Everyone works better when they enjoy what they are doing.

3. Setting Limits

Some limits must be put on children to protect their physical safety. Safety limits are usually clear-cut: for example, "We walk in the classroom" and "Look both ways before crossing the street." State safety limits simply and frequently, and demonstrate them when necessary. Enforce them consistently, so that children will learn that they must be followed.

Children also need limits to help them control their behavior. Unlike safety limits, behavioral limits require you to make some judgments about what is appropriate and what is not. Each of us has a range of child behavior that we accept or can tolerate in our classrooms. (Some teachers don't mind a lot of noise or a messy paint area, while others can't stand this.)

Whatever behavioral limits you set, be consistent in enforcing them. If the limits keep changing, the children will never know what you expect, and will not learn what you are trying to teach. Praise children for their efforts, and try to ignore their borderline but tolerable behavior. Let the children know that you accept and respect them, whatever the quality of their performance. As a result, the children will not feel personally threatened by failure. They will approach learning without fear.

Before setting a behavioral limit, look carefully at the behavior you are concerned with, and ask yourself the following questions:

How Does It Affect the Other Children?

Does the behavior disrupt the learning of the other children? If the behavior does not disturb the other children, then perhaps it should be something you may want to learn to live with.

For example, if Tasha's loud voice seems much more annoying to you than to everyone else in the class, maybe it is not so important that she be quiet, after all.

Can the Child Help It?

Does the child have control over the behavior? For example, you may find it hard to have to call a child's name several times before getting a response. Although you can do some things to speed up the process of learning to listen in a group, it may not be possible to speed it up as much as you would like. This means you must continue to call a child until he or she responds, rather than give up on getting the child's attention. Concentrating on the child's needs rather than on the behavior may help *you* change.

Is a Change Justified?

Do you have a good reason for wanting to change the child's behavior? What is your educational reason for wanting to alter the behavior? In other words, make sure the behavior change is good for the child, not just more convenient.

Derek is a child who has a hard time keeping still for long. Helping him learn to sit and pay attention during activities in which talking and listening are emphasized is important, because he won't be able to develop his listening and language skills if he is running around the room. On the other hand, it's not important that Derek *sit* at the puzzle table. He may need to move around the table as he works on the puzzle, but he can still learn and interact with the other children at the table this way. There would be no educational reason for asking him to sit still for this kind of activity.

Can You Think of Substitute Behavior?

What behavior do you want the child to substitute for the unacceptable behavior? One good way to help children change undesirable behavior is to teach them a good substitute. A child who hits other children should be taught to express anger with words ("Stop it!" "I'm mad!" "That hurt!" "Go away!" "Don't touch that!" "Don't hit me!"). As hearing impaired children learn to control their environment with words, they begin to rely less on other behaviors like hitting or crying.

In a play or skit, assign roles that fit each child's speaking ability.

4

4. Pacing

Plan your day so that the activities are varied. Alternate between active and quiet activities, between organized activities and free play. When you teach new skills, present them first in familiar contexts, along with some skills the child already has. This lessens the child's uncertainty and frustration.

There should be extra time available for the child who needs more than one turn to understand or to do something. Providing time for that extra turn or two can mean the difference between success and failure.

A peer helper can alert a hearing impaired child when the teacher is about to give a direction.

5. Grouping

At home children with special needs are sometimes isolated from other children. One of the benefits of mainstreaming is that it offers these children the opportunity to play with other children and to learn a new skill by seeing someone else do it correctly. You can plan and organize your learning situations so that this interaction, called "peer modeling," can occur. In areas where a handicapped child is weak, another child (a peer) who has the skill can act as a model. Likewise, in areas where a handicapped child excels, he or she might be paired with a less skilled child.

No child, handicapped or non-handicapped, is good at everything or poor at everything. All children should have the opportunity to give help to their classmates and receive help from them.

Try very hard not to exclude a child with special needs from any activity, especially large group activities. Exclusion means isolation, and isolation means feeling different and bad. To include the child, give extra assistance or change the expectations for the child. For example, during a play or skit, give a hearing impaired child a role that fits his or her ability to speak. In this way, the child is a full participant in the activity. The child gets to practice the skills he or she needs without interfering with the progress of the other children.

Individualized teaching does not mean isolating a child. Rather, it involves modifying the activity so that all children can participate within the same learning situation.

6. Children Helping Children

We have already mentioned the benefits of having children act as models for each other. This principle applies directly to using non-handicapped children to assist you in mainstreaming children with special needs. Your youngsters will probably be eager to serve as helpers. This experience has a bonus: it helps them to develop positive attitudes about handicapped people. In addition, their help will free some of your time for other responsibilities. Ways in which non-handicapped children can help in mainstreaming a hearing impaired child include:

- **calling a child's name, several times if needed, to ask him or her to join a game**
- **looking directly at a child while talking**
- **repeating a teacher's directions, if the child doesn't seem to understand what to do**
- **demonstrating when to clap, move feet, or stand up during a group game**
- **alerting a child whose attention wanders that the teacher is about to give a direction.**

Peer helpers should be called upon often, and this includes having a hearing impaired child provide help in areas where he or she excels. In this way all the children will learn that they each have areas of strength and weakness. They will also learn that the need to receive help does not mean that they are failures, or are less worthy than those who offer help.

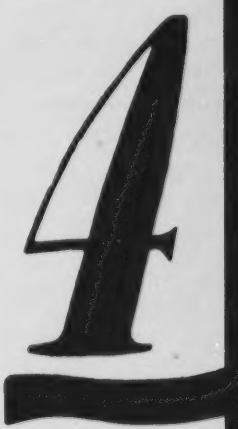
You may find that there is a non-handicapped child in your class who is unusually responsible and enjoys being a big brother or big sister to a hearing impaired child. This is fine, but make sure that you are not relying so much on your helper that he or she becomes a substitute teacher, or does more for a hearing impaired child than is needed.

7. Breaking Down Skills

Every skill is really composed of many sub-skills — there is no such thing as a one-step activity. Skills such as telling a story, sequencing pictures, describing objects, or learning to count consist of many sub-skills.

Some children can master a new skill very quickly with little help from you. These are children who already know the sub-skills and can use them in performing the new skill. Handicapped children, however, don't have some of the sub-skills necessary, and need to be taught them before they can succeed at the overall activity.

For these children, you can break down the activity into sub-skills that can be learned at their current skill level. For example, if you want to teach a child to name animals, check first to see if he or she can point to the correct animals when you name them. Understanding a word usually occurs before a child can express the word.



8. Sequencing Activities

In addition to sequencing skills within an activity, sequence a series of activities. Start with simple activities and gradually increase the level of difficulty as a child learns. Be sure to demonstrate to a child how the skills learned in one activity can be used in others. For example, in learning colors, the children may start out matching colors of simple objects, finding specific colors in the classroom, and choosing colors to paint with. These activities can then be followed by higher-level ones such as naming colors, learning color songs and poems, mixing colors to create new ones, and observing and describing color changes and fine differences in color.

9. Physical Contact and Guidance

Use physical contact to help a handicapped child, to ensure safety, to provide guidance, and to limit space. Feel free to express your affectionate feelings with a pat or a hug. Guard against using physical contact to punish a child.

Physical contact can be especially helpful for a hearing impaired child who may not have understood your spoken directions, or your words of praise. Your directions ("Put the dirt in the flower pot") take on more meaning if you repeat them while guiding the child's hands in performing the task. Your compliments ("Good for you! You heard your name!") may be understood primarily through a smile and a friendly pat on the back as you speak.

10. Avoiding Over-Dependence

It is sometimes hard to be accurate and realistic about what children are capable of doing for themselves. In the case of many handicapped children, it is all too easy to assume that they are more helpless than they really are. Seeing that they cannot do some things may make us think that they cannot do others.

Furthermore, some parents may have overprotected their handicapped child to make up for all the extra problems their child has to deal with. This means that some children may come to Head Start expecting that everything will be done for them, simply because this is what they are used to.

Overprotecting a child is a trap you don't have to get caught in. You have to ask yourself: "Is this really impossible for this child? Could the child do it alone with more time? Could the child do it with more help from me?" Think hard, and be honest. It is tempting to do things for a handicapped child because you can do them faster and better. But if you're always the one who finishes the puzzle, does the talking, and turns the storybook right-side up, the child won't have a chance to try to learn to do these things. And isn't the child in your classroom so that he or she *can* learn to do them?

Being extra patient and giving extra encouragement to children who try to do things on their own will pay off many times in the future. You can help children think of themselves as able, not unable. When they grow up, they will be in the habit of expecting as much from themselves as they are really capable of.

11. Confidentiality

Making sure that confidential information stays confidential involves careful record keeping and watching what you say.

Project Head Start requires programs to institute careful procedures, "including confidentiality of program records, to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition" (OCD Transmittal Notice N-30-331-1-30, "Head Start Services to Handicapped Children," February 28, 1973, page 6). The Head Start Performance Standards also spell out procedures to guarantee confidentiality of records:

- **Records must be stored in a locked place where unauthorized people can't see them.**
- **The Head Start director must determine which staff members can see which parts of the records and for which reasons.**
- **Parents must fill out written consent forms to give anyone outside of Head Start permission to see the records.**

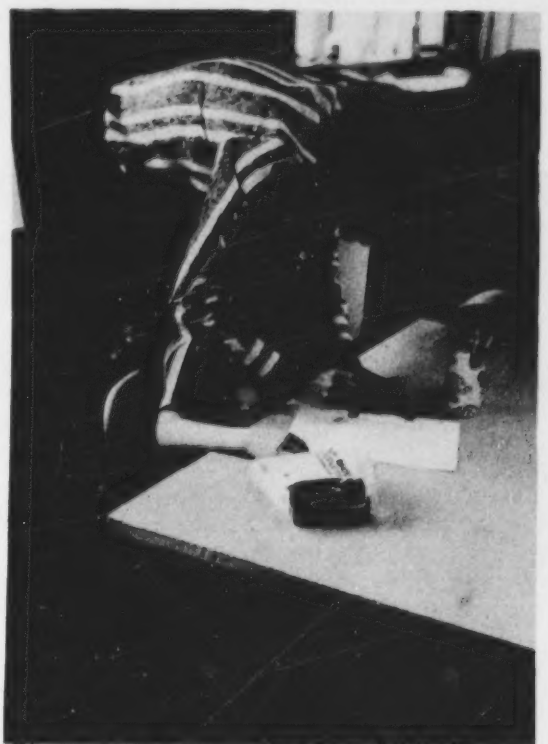
These procedures are designed to make sure that all records on a handicapped child and his or her family are seen only by people who need to see them for legitimate educational or medical reasons.

Avoid copying down confidential information from the child's records. Limit the confidential information you do write down to what you need for working with the child.

You should not repeat confidential information about handicapped children or their parents, either to other parents or to staff members who are not working with the children. This is an invasion of the privacy to which handicapped children and their parents have a right.

If you need to share confidential information with another staff member to help him or her work better with the child, have your discussion in a private place and limit it to necessary information only.

Teachers have sometimes been embarrassed to find that their comments about a handicapped child's family have been repeated to the family. Parents of children with special needs can be sensitive about this issue, and understandably so. Be discreet about what you say — and to whom you say it.



Give extra encouragement to a child who tries to do things on his own.

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Communication Systems and Teaching Techniques

Major Systems of Communication

Since the earliest days of education of the hearing impaired in this country, there have been two major opposing philosophies concerning which system of communication is best to use with hearing impaired children. The two different philosophies can be categorized generally as:

- the oral approach
- the total communication approach.

Not only are these two philosophies opposed to one another, but within each philosophy there are a number of different systems of communication favored. For example, oral systems may differ from program to program. You may hear terms such as oral, aural-oral, auditory, auditory-global, or unisensory in reference to oral systems. For the purposes of this book, these systems will all fall under the general term **oral programs** though they differ in specific emphases and techniques. In total communication systems, you may hear reference to various sign language systems such as American Sign Language, Signed English, Seeing Essential English (SEE), Signing Exact English (See II), and so on. Although the specific sign system used may vary from program to program, the term **total communication approach** will be used here to encompass all of them.

As a Head Start teacher, you are not required to distinguish, learn, or use any of these special systems. But it may be useful for you to be aware of them. This section describes generally the two broad categories of systems, oral and total communication, so that you can know what is involved in each.

The basic goal of both methods is the same: to create an environment in which a child feels good about him- or herself and can learn to talk and to communicate with others to the best of his or her ability, so that the child may reach his or her full potential as a person. Both approaches emphasize the need to start training very early. And both utilize hearing aids and special training methods to teach listening, lip reading or speech reading, and speaking. Their basic difference lies in the fact that the total communication approach concentrates on teaching communication skills through the use of manual communication (a sign language system and finger spelling), listening, and watching, while the oral approach teaches these skills through listening and watching only.

In the total communication approach, manual communication is taught in addition to oral communication. In manual communication, **signs** and **finger spelling** are used in addition to speech, in order to communicate. Signs are hand movements that represent a word or concept. In finger spelling, single hand shapes representing letters of the alphabet are used to spell out words. For example, if a child wants to say "My name is Bobby," he may use signs for the words "my," "name," and "is." He may finger spell his name: B-O-B-B-Y. As he signs and spells the words, he may also say them, to the best of his ability. Speaking and signing English together is referred to as **simultaneous communication.**

Our philosophy of mainstreaming children who sign is to have an interpreter-tutor become an integral part of the mainstream classroom. This person translates what the regular classroom teacher and students say into sign language. This person also helps the child who signs and the hearing children in the class by special tutoring. In this way the child who signs is given the needed support to enable him or her to keep up and understand what is going on in preschool. The classroom teacher and all the children in the class are given the opportunity to learn some sign language, if they are interested. Many children are eager to learn to sign; some are not. With some other children in the class knowing how to sign, it is felt in this philosophy that there is greater opportunity to develop meaningful social and educational integration.

In the oral approach, the emphasis is on helping hearing impaired children utilize their hearing to its highest potential, and on teaching them to use both listening and lip-reading skills to develop spoken language.

There is controversy among professionals in the field of teaching the hearing impaired as to which approach best achieves the basic goal. The specialists you talk to may have strong feelings about the subject. However, what is important for you as the Head Start teacher, and for the hearing impaired child in your class, is to know which approach the child's parents have chosen. For any system to work, it must be consistent. When a hearing impaired child enrolls in your class, you become a member of a team of people who are working on this child's communication skills. This team includes the parents and family, specialists in the hearing impairment program, you, and the children in your class. It is important that everyone who is involved with the child supports the method and techniques being used to teach the child.

This means that if the child is from a program using the oral approach, you will want to reinforce and encourage the child's listening and speaking skills. If the child is from a program using the total communication approach, you will want to do the same thing. But in addition, you will want to accept and be positive about the child's ability to use sign language, and about any other techniques using signs that may be recommended by the hearing specialist.

In either case you should ask the parents and/or the special education teacher how you can best support the teaching methods and system of communication being used.

The Oral Approach

The Total Communication Approach

62 Teaching Techniques

Orientation

When a hearing impaired child first enters your class, a period of orientation takes place for everyone. Both the hearing impaired child and the other children in your class will be adjusting to each other.

It is important that the other children in your class understand a hearing impaired child's problem. Otherwise, they might be afraid of the child or treat him or her unkindly. You can begin to promote their understanding by having a lesson for the whole class based on the following steps:

- Create a feeling of acceptance toward hearing impairment and children with hearing loss by presenting and treating the subject in a warm, calm, and accepting way.
- First, introduce the children to the idea of hearing versus not hearing. Give examples of things they hear and things they don't hear, such as a person whispering close to them and a person whispering across the room.
- Then associate hearing with their ears. Explain that sometimes ears don't work well. To show them how speech and noises sound to ears that don't hear well, have them cover their ears when you talk. But don't build up pity. Simply make the point that it is difficult for some people to hear and understand.
- And finally, introduce the idea that a hearing aid helps the child to hear and understand. It makes things louder. Play a game called "Listen Through the Aid." Give them a chance to use the aid. Make sure the volume is very low — level 1 or 2. Don't force them to listen. Let their curiosity get them to listen. It may take a few minutes or several weeks. Some of the children may never want to listen.

After this introductory lesson, you can continue to promote understanding and acceptance of the handicap in small ways throughout the year. Occasionally point out a hearing impaired child's skills in relation to the hearing aid: "Jamie can hear better with the aid." "Jamie can put his ear mold in by himself." If they want to, let the hearing children assist you in the daily check of the hearing aid. They can listen or help to hold the aid or to change the batteries. Look for stories to read throughout the year that tell about hearing impairment, or that tell how children feel if they don't understand something.

In addition, there is a variety of specific techniques you can use during the year to help a hearing impaired child benefit from your program. You don't need specialized training to use these techniques. The suggested techniques that follow are based on the assumption that hearing impaired children who are in a mainstream classroom have already begun to develop their listening and speaking skills. These children now need to build on these skills in an environment in which communication and participation are encouraged. These techniques can be used with all hearing impaired children, regardless of the type of program they are involved in elsewhere. Examples of how to use the techniques in typical preschool activities are also included.

Speaking to a Child

The more you talk and listen to a hearing impaired child, the more opportunity the child will have to learn language. The following techniques are useful for helping a hearing impaired child understand speech.

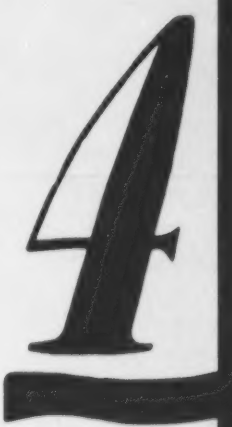
Technique	*Example*
1. Learn how close to a child you have to be for him or her to understand you. Try to have the child sit or stand at that distance from you whenever possible. Move closer if the room is noisy. The distance may have to be as close as 8 to 12 inches from the hearing aid.	*Seat the child near you at snack table or during story time.* *Walk up to the child on the playground to say "Time to come in now."* *In the noisy block area, crouch down close to say "Time to clean up."*
2. Get down to the child's eye level so he or she can see your face better. Crouching or kneeling is preferable to bending, because the child can look straight at you.	*If children are on chairs for a circle time, sit on a low chair or on the floor.* *Kneel down next to the child at the painting easel, to talk about his or her picture.*
3. Speak at a normal speed and volume. If you tend to speak fast, slow down.	
4. Don't exaggerate your lip movement. Exaggeration makes lip reading more difficult, not easier.	
5. Use the same vocabulary and sentence structure you use with other children. If the child does not understand, simplify. Keep simplifying until the child can understand. Four steps to take in helping the child to understand are: • repeat • rephrase • point out • demonstrate	*After story time or free play, you say "Put the book on the shelf, Johnny." He does not understand. You repeat. He still doesn't respond. You say "Here's the book. Put it on the shelf." If he still does not understand you can say "Here's the book. Put it there," and point. Or you can lead him to the shelf and help him put the book away as you say "Let's put the book on the shelf."*

Technique	*Example*
6. In group situations, seat the child up close and in front of you.	*Seat the child close and in front of you in a conversation circle, during story time, during a cooking experience.*
7. Teach the other children to look at a hearing impaired child when they speak, so the child can see their mouths and faces.	
8. Teach the other children how to get the child's attention. They may call a few times, talk louder, or touch the child.	*Yonnetta is calling Willy but he doesn't turn around. You can say matter-of-factly "Oh, Willy didn't hear you. Try again" or "Call a little louder" or "Go tell him."*
9. Speak to the child about whatever he or she is involved in at the moment. Talk to the child a lot. He or she needs extra opportunities to learn to use language. Everything you do with a child, to a child, or for a child can be verbalized. Use words.	*During an art activity, talk about the child's picture, the colors used, feelings about it. Ask questions ("That's pretty. What's that? A flower? You made a red flower! I like flowers. Your flower is pretty").* *Talk to the child about his or her toys ("What is your doll's name?"), movements ("You fell down!"), feelings ("You look happy"), and about other children ("Rhonda is crying because she hurt her finger").*

Helping a Child Talk

It is important to encourage a hearing impaired child to speak. Let the child know in a warm and supportive way that you *expect* him or her to speak. The expectancy sets up the opportunity for the child to try. You can then reward and assist the child in any attempts he or she makes to speak. Here are some techniques.

Technique	*Example*
1. Always wait for a response. Provide the words only if the child doesn't seem to have them.	*During snack you ask Jason "What do you want to eat?" As he eyes the peanut butter you wait expectantly for a response. If you get no response, say pleasantly "You want peanut butter." Or you can ask "Do you want peanut butter?" and wait for a "yes" response.*
2. You can also ask the child directly to imitate you. Again wait for a response, then provide the words, asking the child to repeat. Do not press a child to repeat if you get no response. Too much pressure can have the opposite effect from what you want to achieve.	*In the preceding example, the teacher could have said "Tell me 'peanut butter' " or "Can you say 'I want peanut butter?' " If the child attempts to imitate, an appropriate reward should be given — a smile, a pat, a touch, a "Very good, here's the peanut butter."* *If the child does not attempt to imitate, perhaps you can ask one more time, but then drop the request. Talk pleasantly to the child instead ("Okay. You want some peanut butter. Here it is. Mmmm, that looks good").* *During a cooking activity, you ask the children "Who wants to put in the eggs?" A hearing impaired child reaches for them. You move closer and ask "What do you want?" If you get no response, you supply the words and ask the child to repeat them ("My turn" or "The eggs" or "I want the eggs"). Again, reward the child for attempting to imitate. If the child does not say anything but keeps reaching for the eggs, you can give him or her one or two opportunities to speak. Then it is best not to push any further. Let the child put in the eggs and talk to him or her about what is happening.*



Technique	*Example*
3. When a hearing impaired child is involved in an activity, introduce new words that fit the situation.	*In the toy area: "Those are big blocks, Terry. They're heavy" (as he tries to lift one). "That's a nice train" (as he climbs aboard and says "Whoooo").* *On the playground: "You're climbing up high. Slide down now. Wheeee! You can slide fast."*
4. If the child says an incomplete sentence or phrase, fill it in.	*You and the children are talking about animal pictures. The child says "Elephant big." You respond "Yes, the elephant is big."* *In the play corner, the child says "Red wagon." You respond "Pull the red wagon," handing him or her the handle.* *During snack, the child says "Milk" or "More." You respond "More milk" or "You want more milk."*
5. Let the child know if his or her voice is too loud or too soft.	*During snack, the child is calling to you for cookies in a loud voice, almost a scream. You respond in a natural way. "Oooh! Your voice is too loud. Shhh." When the child's voice is toned down, say pleasantly "I like your soft voice."*
6. **Do not correct** a child's pronunciation in any way. Speaking should be a positive experience for a child. He or she should feel praised, encouraged, or rewarded for speaking, not corrected. Instead you can model correct pronunciation by simply repeating what the child said.	*The children are coloring. The child says "I wanna wed one." **Do not correct** by saying something like "Molly, don't say wed, say* red. *Try to say* red *for me." Rather, **reward communication. Then model correct pronunciation** *("Good for you. You want a* red *one, Molly? Okay, here's a red one for you").*

Listening to a Child

One of the best ways to encourage communication is to listen carefully to what a child is saying. With hearing impaired children, you need not only to listen, but also to make extra attempts to understand what they are saying. Here are some techniques.

Technique	*Example*
1. Give the child a chance to speak in group activities.	*If Trisha brings a toy to show the children, let her show and try to describe it as you would with the other children. You may have to assist Trisha in talking by demonstrating sentences for her. If her speech is difficult to understand, you can try to repeat what you think she is saying. You may find, however, that the other children understand better than you.* *Call on the child for responses, and assign him or her roles in dramatizing stories, telling poems, and other speaking and reciting activities. Give the child a prop for his or her role.*
2. Give the child time to start and finish speaking. Sometimes, a period of waiting and/or encouragement is necessary.	*When you ask the child a question, you may have to encourage and wait for the child to respond verbally. "Where is Patty?" (Patty smiles.) "Is Patty here?" (Patty smiles some more.) "Tell me, 'I'm here.' " Patty: "I here."* *During a talking time, Paul wants to tell about his new bike. His story is slow and hard to understand. Wait pleasantly for the child to finish and encourage him with questions.*

Technique	*Example*
3. *Always* respond to a child's communication. *If you do understand,* let the child know you understand by making an appropriate comment. *If you don't understand,* ask the child to repeat once more. If you still don't understand, say "Where?" "What?" or "Show me." In the end it's okay to say "That's nice" or something else that is appropriate, if you still don't understand.	*You are reading "Jack and Jill" to the children. The child says "Fall down. Hurt." You understand and reply "That's right. Jack fell down. He hurt his head."* *Maria approaches you at free play time and says "Bawda. Anty." You ask her to repeat, but you still don't understand. You say "Where? Show me," looking around questioningly. The child points to the house corner. You take her hand and walk there, asking "What? Show me please." She points to a child playing with tea cups and water and says, "Bawda. Anty." Now you are able to respond "Oh, Andy has water. That's okay. He can play with the water there."*

Mr. Edwards couldn't understand Maria. He took her hand and said, "Show me."

Helping a Child Listen and Understand

There will be many times when a hearing impaired child may need assistance in listening. You can help in the following ways.

Technique	*Example*
1. Periodically during the day, check the child's hearing aid. Is it on? Is it at the correct volume ?	*When the children come in from outside play, make sure that the child's hearing aid is still on and at the correct volume. Sometimes the movements and jostling about of play can change the volume or move the on/off switch.* *The children are sitting down to a listening time with the record player. Quickly check to see that the child's aid is on and at the right volume.*
2. Help the child to notice sounds around him or her. Point out a sound and identify what makes it.	*Outside: "I hear an airplane. Listen! The airplane goes vrrrooom."* *Inside: "I hear a knock. Do you? I hear knocking. Someone's at the door."* *When the child appears to notice a sound, say what it is: "Do you hear it? A baby is crying. The baby is in the hall."*
3. Help the child pay attention to specific listening situations.	*During music time: "This music will be fast. We will run. Listen for the fast beat: boom, boom, boom."* *During a field trip to a pet store: "The puppies are barking. Let's listen. (pause) Do you hear them?"* *During playtime in the classroom: "Samuel, listen. Someone's calling your name."*

Technique	*Example*
4. Provide lots of opportunities to use listening in an entertaining way.	*During music time, ask children to respond to musical rhythms by walking, jumping, tiptoeing. Have children stop or "freeze" when the music stops.* *During singing games such as "Did You Ever See a Lassie," "Little Sally Saucer," "The Farmer in the Dell," or "Old MacDonald," give the child a chance to be "in the middle," and to participate.* *During hide-and-seek games, ask the children who are hiding to make noises so that the child can find them.*

Check a child's hearing aid several times a day.

Giving Directions to a Child

All preschoolers are learning to follow directions. Give a hearing impaired child a chance to learn to follow directions, too, using the following techniques.

Technique	*Example*
1. Make sure the child knows when the activity is changing. Get his or her attention. Tell him or her that something new is to be done.	*When you announce clean-up time, you may need to walk over to where the child is playing. "Joey, we're cleaning up now. Time to stop."* *When you are telling the group to line up for outside play, you should get the child's attention. "Rachel, come here, please. Time to line up. We're going outside."*
2. Make sure the child knows you are giving instructions.	*A simple "Watch me, now," or "Listen, please," before you give a direction is helpful to a hearing impaired child.*
3. Make sure the child understands the directions. Don't be fooled by a knowing look. If the child doesn't understand the directions, move closer and repeat them. If he or she still doesn't understand, demonstrate the directions, but continue speaking to the child while you demonstrate.	*During an art activity, you tell the children to take out their crayons. Shana nods her head, but does nothing. You move closer and repeat "Shana, get your crayons. Where are your crayons?" She doesn't respond. You show her a box of crayons, begin to look toward her crayons, or help her to take them out, while explaining "Your crayons. You need your crayons to color. Here's your box. Let's take out your crayons. That's fine. Now you can color."*

Organizing Activities

Activities can be organized to make it easier for a hearing impaired child to participate. Try some of the following techniques.

Technique	*Example*
1. Arrange for the child to work in small groups whenever possible.	*You are making pudding with the class. You want to have all the children together for the cooking experience. But afterward you divide them into groups of four to take turns sitting with you to talk or make pictures of their experience.* *Other activities you can use small groups effectively for are: telling or writing stories, finger painting and other art work, games, dramatizing stories and rhymes.*
2. Use the "buddy system" when introducing an activity that is new to the child. A classmate can help the child get involved.	*You are all singing "Did You Ever See a Lassie," or "Here We Dance Looby Loo." You give the child a partner to stand with. The partner serves as a model for when to clap, sing, or move feet.* *When watching a movie or film strip, let the child sit with a partner. This encourages conversation and is comforting when the lights are out.* *Partners can be helpful on field trips and when taking walks, acting out stories, singing games, trying new play equipment.*
3. Sometimes ask an aide or a volunteer to be the partner of the child. Instruct the adult before the activity to speak directly to the child and describe actions or activities that occur.	*On a field trip, the aide, parent, or another adult could walk and sit with the child, talking to the child about what is happening. On field trips the teacher is often speaking to large groups of children, at various distances, and even to children behind or to the side of him or her. The child can benefit greatly here from individual descriptions and conversation with an aide or volunteer.* *An aide could be asked to be with the child in other situations, such as talking with a child playing at a puzzle table about what he or she is doing, sitting next to the child at lunch time to assist the child in asking for food, sitting in a block area talking with children about what they are building.*

Technique	*Example*
4. When possible, assign a role to the child to make sure he or she participates.	*During music, you are playing and singing "Ten Little Indians." Assign the child the role of one of the Indians who must stand up or sit down when his or her number is called.* *If children assist in setting up snack, occasionally assign the child the role of passing out the cups, cookies, napkins, and so forth. He or she could be learning names from your directions ("Give a napkin to Darcy").*
5. If the activity has several steps, teach each step separately. Don't go too fast. Use pictures to represent steps when possible.	*Baking gingerbread men may have a number of steps: a) rolling the dough; b) cutting out the cookie shape; c) adding eyes, nose, mouth, and buttons; d) putting the cookie in the oven; e) cleaning up; and f) eating the cookie. To help the child through this activity, treat each step separately. Introduce each step with a picture, talk about it, encourage the children to talk about it, and then do it. This way the child can participate in a long activity by understanding and performing the many small steps that make up the activity.*
6. Learning by doing is best for any child. Set up activities so that the children can do them, not just watch you or others do them.	*You are making jello with the children. You ask the child to imitate your sentence, "Stir it round and round." Then let the child stir for awhile. Let the child do each step of the experience.* *To teach color concepts, arrange a play dough activity so the children can actually mix colors. Let them make green play dough by mixing blue and yellow dyes with the play dough. You can add the language.* *If the child is learning the word "jump," have lots of small items for the child to jump over or toy animals you and the child can make jump.*

Encouraging a Child

As a Head Start teacher, you are constantly encouraging all your children to participate and learn. Here are some techniques that may apply particularly to a hearing impaired child's need for encouragement.

Technique	*Example*
1. Your encouragement and praise should include words *and* gestures, facial expressions, or hugs. A hearing impaired child may need more than words to get your message.	*In any activity of the day, your encouragement ("Good job," "Nice picture," "Good listening," "Thank you for helping") could mean more in connection with warm smiles, proud looks, a touch, a pat on the back, a quick hug.*

Technique	*Example*
2. A child with hearing impairment deserves praise even for small achievements.	*Praise any small achievement such as: a) knowing what to do when it's his or her turn in a game, because of paying attention to what others did; b) coming when called once; c) following a one-, two-, or three-step direction; d) noticing or telling you he or she hears something (fire engine, lawn mower, center bell); and e) attempting to speak or sing in group games.*
3. Praise is called for especially when a hearing impaired child makes an effort to listen or to talk with speech or signs. Listening, understanding, and talking are the most difficult tasks for the child. Reward attempts to participate in activities by attending to the child or giving him or her a direct response.	*During story time, the child imitates baby bear, saying "Waaa! Chair broke!" You respond "Right, Tracy. That's what the baby bear said."* *To prepare the class for a field trip to the zoo, you are showing pictures of animals. The child signs "Tiger," and says "Grrrow!" You can respond "Is that the sign for tiger? That's right! The tiger says 'grrr.'"* *During snack, Benny passes you his cup and says "More." You respond "Good, Benny! You asked for more. Here is more milk."*
4. Expect the child to perform at the level he or she has achieved. This prevents the child from sliding backward and helps him or her to develop.	*You already know that the child can say your name. At story time the child grabs or taps on your arm for your attention. You expect the child to call your name. "Please don't hit my arm. What's my name? You must ask, 'Mrs. Jones?'"* *You already know the child can respond to simple yes or no questions. During snack you ask "Do you want juice today?" When the child reaches for the juice, repeat the question, expecting a "yes" or "no" from the child.*

Helping a Child in Social Situations

Part of any child's experience in Head Start is problem solving. Make sure that you let a hearing impaired child have some time to work out problems the way other children do. Your own judgment will tell you when the child has not succeeded in dealing with a problem alone and needs your assistance. There are certain instances, though, in which the child's inability to listen, understand, or talk cuts him or her off from needed opportunities to participate with other children. Here are some techniques to help avoid these situations.

Technique	*Example*
1. Make sure the child knows when he or she is being called by other children to join them in play.	*During a free play activity, three children are playing in a rocking boat. They call to a hearing impaired child to join them, but he or she doesn't hear them. You alert the child: "Listen, Eric. Tanya wants you." Or you alert the hearing child: "Tanya, go and get Eric. He can't hear you calling him."*
2. If the child doesn't understand the rules of a group game, demonstrate them so that he or she can participate.	*The children are playing "Duck, Duck, Goose" (a chasing game performed in a circle). A hearing impaired girl is picked to have a turn. She begins to run around, but does not understand the game. You take the child by the hand and actively demonstrate participation in the game, using speech, gestures, and action to help the child understand what you are saying. As you model, you get the child to imitate you physically. Then you drop out and let the child play her role in the game.*

Technique	*Example*
3. Describe to the parent(s) of a hearing impaired child some of the group games being played at preschool. A parent can demonstrate at home the rules in similar activities that are fun for parent and child to do together.	
4. If the child is attempting to participate and is not being understood, give the child the proper language needed for the situation.	*During play, a hearing impaired child pushes a truck up to another child and motions for the child to sit down on the truck. The child doesn't notice or understand the gestures. You give the hearing impaired child the language needed to get Bobby's attention. You say "Tell Bobby 'Come play! Come ride my truck!' "*

Getting Help

The techniques just described can help you to enhance the day-to-day experiences of a hearing impaired child in a mainstream classroom. You may feel the need, however, for more detailed information on how to work with a hearing impaired child, or for help with a special problem. Chapter 6 describes the resources available within Head Start programs, and the specialists who can provide additional help. Chapter 7 lists parent and professional associations and other organizations which can also provide help. Chapter 7 also contains a bibliography of useful publications. In general, though, for immediate assistance with any problem, contact the child's parents, audiologist, or hearing and speech specialist. These people are important members of the team supporting both the child and the Head Start teacher in a mainstream classroom.

Chapter 5:

Parents and Teachers as Partners

5

It is important that parents participate directly in what the teacher is trying to accomplish with their child in the program.

80 ***One of Head Start's unique achievements has been the involvement of parents in the education of their children. Parents are the primary educators of their children, and their involvement is the cornerstone of a successful Head Start program. This partnership is even more important in the education of a child who is handicapped, for the following reasons:***

- ***Parents know their children's strengths and limitations better than anyone else. They can help a teacher understand and plan for their child.***
- ***A joint family/teacher effort is essential for developing the best program for a child and for ensuring that the child will benefit as much as possible from the Head Start experience.***
- ***Head Start may be the first preschool experience the child and parents will participate in. Making it a successful experience will have positive effects on the child's school years to come.***

Parents as Decision-Makers

Head Start has always considered parents important decision-makers for their child, because they are the main influence on the child's development. They need to reinforce what you are teaching in preschool if maximum progress is to be made. Changes in a child that come about through your efforts, the efforts of specialists who provide services, and the experience of mainstreaming affect parents. For all these reasons, it is important that the parents participate directly in what you are trying to accomplish with the child in the program.

The direct involvement of parents in decisions affecting their child is essential. They should decide with you what and how you teach their child, and what efforts they will make at home. They should participate in decisions involving formal assessment and diagnosis of their child, and selection and arrangements for any special services that are needed. They should be a part of any decisions that are made as a result of assessments of their child's progress.

One of the major areas in which parents are needed as decision-makers is the development of an individualized education plan for their child. This plan is a written statement developed in meetings of the diagnostic team, the parents, and the teacher. It spells out the educational goals for the child, the activities that will take place in the classroom, the involvement of parents, the special services that will be provided by other agencies, and details of the evaluation procedure. Parental consent is required by law at two points: to give permission for the diagnostic process to take place, and to give permission to put into effect the individualized education plan that has been developed for the child. This requirement is intended to guarantee that parents have their rightful say in the education of their child.

The rest of this chapter discusses specific ways in which parents can help in the education of their child, and pro-

vides guidelines for teachers in working with the parents of handicapped children.

What Parents Can Do

Helping Your Child

As parents, you are the first and most important educators of your child. You can help in your child's education in a number of ways, both at home and in the classroom. You might begin by taking the following steps:

1. Get to know your child's teacher. Give him or her a realistic idea of how much you can do. Take into consideration the amount of extra time you can afford to spend working with your child, as well as how much time you would like to spend. Discuss with the teacher ways you can organize routine home events so that your child is engaged in constructive activities, even when you are not directly participating with your child.

2. Recognize that you have a tremendous influence on the growth and development of your child. What you do *does* make an enormous difference. Try to participate in your child's learning as much as possible.

3. Seek guidance from your child's teacher if you are not certain how to use everyday events at home as learning experiences for your child. The teacher may be able to suggest specific activities you can do with your child to help him or her build necessary skills.

4. Build on Head Start's firm commitment to a partnership with parents. You aren't alone in your efforts to help your child. You now have partners who can help promote the well-being and development of your child: the teacher, other staff members in the program, and agencies and public school resources in the community.

The next section discusses how to prepare your child for the Head Start program, some things you may find helpful to discuss with the child's teacher, and how to use everyday events in the home to foster your child's development.

Get to know your child's teacher.

82 Preparing Your Child

You can help both your child and the program staff by preparing the child for the Head Start program. Just before the start of class, bring your child to the Head Start center. Introduce yourself and your child to the teacher and other staff members. Encourage your child to explore the classroom and to play with some of the materials. Try to make sure that your child has a good time during this visit.

Some hearing impaired children may be frightened at first about leaving home. You and the teacher may want to discuss whether it would be helpful to your child if you remain in the classroom during the first few days. At some point your child will have to feel comfortable in the classroom without your being there. This takes more time for some children than for others.

A little bit of home at preschool and a little bit of preschool at home go a long way toward helping children feel comfortable and secure. Perhaps at home you can hang some pictures of the classroom or the teacher. Or your youngster could be sent to class with a favorite toy or a familiar object from home, to increase his or her feelings of security.

Try to have your child arrive in class on time. Let the teacher know of important events at home that might influence the child's behavior in class. These special events may be happy times (such as birthdays, a family visitor, or a trip), or unhappy times (such as death, illness, or disruption in the family routine).

Understanding Skill Areas

You may feel that you need help from the teacher in understanding the skill areas — such as language skills, listening skills, social skills — that your child has serious weaknesses in. Don't hesitate to approach the teacher for this help, or for help in figuring out ways to use daily home activities to help build on the child's strengths and work on the child's problems.

Try to talk frequently with the teacher in terms of specific skills. Exchange suggestions.

Ask to see for yourself what the teacher does and how he or she does it in the classroom. You might even want to try practicing skills with your child in the classroom. Sometimes it is better for you to work with a child other than your own. But in either case it will give you practice and an opportunity to exchange ideas with the teacher.

Describe to the teacher an average day at home, in order to learn how you can use these everyday events to work on the skills your child is having problems with.

Additional Effort

All young children learn by having different experiences and by trying things out. This means that your child needs to be involved as much as possible in daily activities at home, just like other children. If it's good for a non-handicapped child to help set the table, then it's good for a hearing impaired child. Any activity the child can be involved in can go a long way toward helping him or her build self-confidence and competence.

You will probably have to make some additional effort to help your child become actively involved in daily events. Work out with the teacher what you can realistically do, but recognize that extra effort is necessary.

Provide practice in speaking and expand your child's vocabulary by naming pieces of clothing during dressing and undressing.

Home Activities

Activities at home should be as enjoyable as possible for the child and for the family. Don't overburden yourself or your child. Ask the teacher to suggest things that can *easily* be built into the daily routine. If the suggestions are too hard to carry out, they may not get done.

On the other hand, if you are willing to take a more active teaching role at home, ask for extra suggestions for things you can do. Talk with the teacher about what you like to do with your child and about what the child likes to do at home. Those activities can all be learning opportunities.

If you would like some specific techniques and methods to use at home with your child, look over Chapter 4. Remember, however, that you need not be a formal teacher for your child. Often the best way to help your child is to be loving and concerned, and to use the daily routine as a way to teach the child.

1. Using the Daily Routine

All of the things that you do at home can be used to help the child with special needs learn more about the world. For example, you can describe what you're doing when you turn on the lights, set the table, or make the bed. You can point out and name colors in the house and outside. You can name your child's pieces of clothing. You can give the child simple chores, like putting the napkins by each plate, passing the cookies, putting clothes in the laundry basket. Don't expect the job to be done perfectly the first time, or even the second. With patience and affection you can help your child improve.

Be consistent in what you ask your child to do. If it is reasonable to expect a child to hang pajamas on a hook in the morning, then you should expect the child to do this every morning.

Expensive toys or materials aren't needed to help children learn. The kinds of things that are in all homes — pots and pans, socks, spoons, and magazine pictures — are all good teaching aids. Pots and pans can be used as rhythm instruments, can be stacked or nested, or can be sorted. Socks can be matched by color, counted, and folded together. Pictures can be named, or used to tell stories.

Most handicapped children need more, not less, stimulation from people around them. A good and simple way to achieve this is for you and other members of the family to talk to the child about what you are doing as you do it, and to listen to and encourage your child to talk. It is very important to talk and listen to a child with hearing loss.

Confusion and failure can result if you shower the child with too many activities. As you work with your child, you will recognize when the child has had enough. You can help the teachers recognize this limit, too.

2. Fostering Independence

Help your child become as independent as possible. It's tempting for all of us to do things for children that they could do on their own, since we do them faster and better. But it is very important for handicapped children to learn to do as much as they can by themselves. Independence helps children feel good about themselves and improves their ability to get along with others.

For example, because Clarence cannot yet speak clearly, his mother worries that he won't be able to play outside with the neighborhood children or go on an errand for her. But keeping Clarence in the house and never giving him responsibilities is not allowing him to improve his abilities, or learn by doing. This is a disservice to Clarence. You might ask the teacher to suggest some simple duties you can assign to your child at home, or some ways to encourage him or her to get along with neighborhood playmates.

3. Praise and Encouragement

We all benefit from honest praise — children as well as adults. Praise program staff honestly for their efforts with your child, and ask them for feedback on your work with the child. Remember also to praise your child's achievements. For some children, even small tasks can take a lot of time to master. Every achievement — from learning to sit still to managing to say one and two words — represents real progress and deserves real praise.

Also, praise the child for trying, even if failure or mistakes result. Continued effort is essential for children with special needs who have many obstacles to overcome. Repeated, steady praise will help a child to keep on trying.

It is important, however, that your praise be honest, and that your child has done something to earn it. Children with hearing loss, just like other children, are very good at recognizing insincerity. If you praise your child at times when he or she has not been trying or has not mastered something, the youngster will be confused and will not understand what your expectations are.

Ask the teacher to share assessment results with you. Everyone involved should understand how the child is functioning and share pleasure at the child's progress.

What Teachers Can Do

Guidelines for a Partnership with Parents

Parents of children with special needs are as concerned about their children as any other parents, if not more so. You may want to keep in mind the suggestions below as you work with parents.

1. **Establish and Maintain Contact**

Describe the Head Start program in detail, and invite the parents to observe and participate in the classroom. Work out the child's educational goals in conference with them. Review the child's short- and long-term objectives with them at least every three months, or whenever needed.

Although at least two home visits a year are required in Head Start programs for all children, you may need to make more visits if a child is handicapped. Maintain contact with the parents as often as you can. Visits, phone calls, notes, and sending children's projects home with them can help parents see the skills their child is learning. As with any child, don't contact parents only when there is a problem. Ask yourself often, "What did the child do today or this week that shows some progress or enjoyment?" These little things should be communicated to the parents, but you may wonder how you can find the time to do so. One way would be to send a notebook back and forth each day or so. Teachers write a short note and send it home. Parents write one back for the child to take to preschool the next day.

2. **Know the Family's Limits** 85

Everyone has a personal limit on how much he or she can do for a child at home or in the classroom. Get to know families well enough to understand these limits. Make sure that the suggestions you give them for working with their child can easily be included into their daily routine. For example, ask parents to talk to their child as they help him or her dress, to name the foods the child is eating, and to give the child simple things to do (like putting a spoon by each plate). Encourage parents to visit and participate in your classroom as much as they can.

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86 **3. Focus on the Child's Education**

Families of handicapped children may have all kinds of feelings about having a handicapped child. Some may feel angry, some guilty, and some embarrassed. Some may feel that they have a special responsibility to protect their child from all problems and frustrations, and they may expect much less from the child than he or she is really capable of. They may need the help of a counselor, a social worker, or a psychologist in learning to accept and deal with these feelings.

While you can be supportive and sympathetic, you haven't been trained to be a social worker and should not try to take that role. Suggest to these parents that they talk to people who can help them work through their feelings, if you feel they need it. Your main role is to be the teacher of the child. You should concentrate on the child's education and development.

4. Recognize and Deal with Your Feelings

Be aware and honest with yourself about your own feelings toward a handicapped child and his or her family. Negative feelings, such as blame, anger, sorrow, nervousness, and fear, are understandable. Getting to know the child and the family helps to reduce some of these negative feelings.

Think positively about children with special needs. Focus on what they can do, not on what they can't currently do. Help the parents see their child as someone who can grow, learn, and improve, no matter how severely handicapped. Most of us feel better about ourselves when people look at our strengths rather than our weaknesses.

5. Be Reassuring, but Be Honest

Parents may be worried and upset when their child is about to be evaluated for the first time, or re-evaluated. At such a time, it might be tempting for you to tell them not to worry, and to tell them that everything will be fine. It is natural for you to want to soothe their anxiety. However, you shouldn't tell them these things because in fact you don't know if things really *will* be fine. A false sense of confidence can be hurtful. Be reassuring, be calm, be understanding — but be truthful.

Parents may ask you questions about the child's problems that you can't answer: "What's wrong with my child?" "Will my child learn to talk like other children by the end of the year?" Don't be afraid to say that you don't know the answers, but help parents find someone with whom they can discuss their concerns. Your social services personnel should be able to help you find people who can answer some questions. The answers to other questions (such as "What will my child be able to do when he grows up?") are often uncertain and complicated. Beware of people who have easy answers.

Some parents need reassurance and evidence that they can help their child. Help them see the many things that they already do that help their children, and tell them about all the things they are doing well.

Concerns of Parents

Parents of Children with Special Needs

Parents of handicapped youngsters often have special concerns. In general, it is wise for you to wait until they bring up these problems, rather than to suggest what the problems might be. Otherwise, you could be creating a problem that they have never felt.

Reading about some of the concerns that parents of handicapped children often have should help you understand what some parents mean when they hint at a concern without actually saying it.

Enrollment in a Mainstream Classroom

Parents may worry that their child will not fit into the Head Start program. You may need to reassure the family that you want the child in your classroom, and that you believe the child will enjoy and learn from your classroom. Invite the parents to watch and listen to what is going on — let them see for themselves how their child plays with and works with the other children and with you. Seeing is believing.

Acceptance by Other Children

Parents are sometimes concerned that their child will not be liked and accepted, and that other children may be cruel and tease their child.

You can reassure them that you do not allow teasing or bullying of *any* child in your classroom, and that you will deal with it firmly if it should happen.

Of course, some children just don't get along well with others, but this is not a problem that is limited to children with special needs. It is not a reason for a child to avoid the classroom, any more than it is a reason for a child to avoid the rest of the world. You can teli parents that managing these situations, when and if they arise, is a normal part of your job.

"Seeing is believing" fits here, too, so invite the parents to visit the classroom so that they can get a feeling for the atmosphere themselves.

Throughout the year, keep the parents as informed as you can about how their child is getting along with the other children. If problems do arise, you may want to ask the parents how they handle these situations at home. What do the parents do to help their child play with brothers and sisters or with neighborhood children?

You have developed a number of techniques for helping children cooperate and get along in your classroom. You will probably find that these techniques are just as useful for a child with special needs.

Teacher's Time

Assure the parents of a handicapped child that you will have time for their youngster. Describe to them what you will be doing with their child and explain that you will have your aide, volunteers, and other staff members to help you. Discuss also any outside assistance the child will be getting.

Parents may worry that their child will not make progress in your program. You can assure them that there are many things that you can teach their child, and that their child will also learn a lot from the other children in the class. But be careful not to offer the parents false hopes. Make it clear that you can't make long-range predictions about how far the child will progress in the future, but that you will help the child learn as much as he or she can in Head Start. Be honest when you describe the skill areas you are working on with their child, and keep them well informed of their child's progress. Ask the family, in turn, to tell you how the child is progressing at home.

As with non-handicapped children, if you genuinely like a child, and if you and other staff members in your program have worked out a sensible plan to meet the child's needs and stimulate his or her development, you have a solid basis for developing a real partnership with the parents. While parents of handicapped youngsters have some concerns that are different from the concerns of other parents, you can use the same skills and ways of working with them that you have already developed in your conversations and personal contacts with other parents.

Parents of Non-Handicapped Children

Many Head Start programs have children with handicaps in their classes. Generally, parents of non-handicapped children in a mainstream classroom have no strong concerns about the presence of a child with special needs in the class. If the parents of a non-handicapped child are concerned, invite them to come to your classroom to see for themselves. This will show them that a handicapped child is first and foremost a child and an individual, like their own child. Visiting your mainstream classroom will help dispel incorrect ideas parents may have about a handicapped child whom they have never met.

If some parents express a concern that their child will pick up undesirable behavior from handicapped children, you can explain to them that it is normal for children to copy the behavior of other children — this is one of the ways they learn. However, undesirable behavior tends to be outgrown quickly, once it has been tested and met with disapproval.

If parents would like to talk to their child about handicaps, you might suggest that they do this in a factual, non-emotional way. If the parents are concerned that you won't have enough time for their non-handicapped child, you can describe to them the staffing arrangements your program has made to enable all children to have enough teacher time.

In general, be calm, reassuring, and objective, and describe the very real benefits to their child of mainstreaming a child with hearing impairment in the classroom.

Chapter 6:

Where to Find Help in Your Area

To find out about resources, start by asking questions.

6

90 ***Head Start is a comprehensive child development program for all eligible children — handicapped and non-handicapped. It includes mainstreaming experiences in the classroom; medical, dental, mental health, and nutrition services; parent involvement; and social services. To strengthen services to handicapped children, Head Start programs are required to make every effort to work with other programs and agencies who serve these children. This cooperation is essential.***

Provision of services to handicapped children is not a solo effort. As you have already found out (or soon will), it requires the involvement and cooperation of many people with different kinds of skills and knowledge. You are the primary planner of the child's daily educational program and the person who is central in carrying it out. But it will help you and the child if you can work with these specialists in your Head Start program and with other specialists in your community. You and the specialists can achieve more working as a team than as individuals. This chapter discusses how to find out about local or regional resources, what they provide, how you can make the most of what's available, and the kinds of specialists you may meet as you work with handicapped children.

Find out about the kinds of support personnel available in your program.

Finding Out About Resources

To find out about resources, start by asking questions. Ask other teachers, your center director, and other program staff to recommend people who can answer your questions. You need some basic information about the kinds of support personnel available in your program. For example:

- Is there a **handicap coordinator**, a **special education professional**, or a **health coordinator** who is familiar with hearing impairment and with hearing impaired children, and who can suggest materials, methods, and additional resources?
- Is there an **educational coordinator**, a **director of educational services**, or another **classroom teacher** who can help you to make any changes in your program as needed by a hearing impaired child?
- Does the program have a **social worker**, a **social services director**, or a **parent-involvement staff member** who can help arrange contacts with the child's family and with resources outside the program?
- Does your program have **consultants**, whether from the Head Start regional office, public schools, nearby colleges or universities, community health or social service agencies, a state department of education, or local chapters of national associations serving hearing impaired children? (For more information on associations, see Chapter 7).

Head Start Program Resources

Certain components — social services, health services, educational services, handicap services, and parent involvement — are found in Head Start programs. Programs vary greatly, however, in the number of staff members providing these services.

In a given program, one person may be both the social services director and the parent-involvement coordinator. In another program, several people may work in each component. These staff members may work part-time or full-time. They may be a part of your program or outside consultants to your program. Their job titles may vary. It often happens that people with the same title do different jobs, or that people with different titles do the same job. A job title only gives you a small clue. You will need to find out *who* does *what*, *when*, and *where*, and *how you can get things going.*

Social Services

Social services staff (whether a full-time director, a part-time social caseworker, or a community aide) usually coordinate contacts among a child's family, the Head Start program, and outside community resources. This person (or people) can help you put together a team of specialists to work with you and a hearing impaired child in your class. When needed, the teachers and the social services person work together to arrange referrals for children and families who need diagnosis and treatment or family counseling. Social services staff oversee the follow-up, too, making sure appointments are made and coordinating services if several agencies are involved. It is important that you get information from the social services person about the kinds of services a child is receiving.

The social services component is an extremely valuable resource to you in your efforts to provide handicapped children with a good education in a mainstream setting.

Health Services

The health services component of the Head Start program must include medical, dental, mental health, and nutritional services. The specialists who carry out these services may work on a full-time, part-time, or consultant basis. The person responsible for coordinating all these health services can draw upon a number of services outside of the program for diagnosis and treatment. This means they can help you get health information or the services of specialists for a child. For example, an ophthalmologist or optometrist (eye specialists) may be called upon to examine a child with vision problems. An audiologist (hearing specialist) may be recruited to assess a child's hearing. A mental health professional such as a psychologist can diagnose developmental problems. Other specialists such as a neurologist (nervous system specialist), an occupational therapist (activities specialist), a physical therapist (movement specialist), or an otolaryngologist (ear, nose, and throat specialist) may be consulted when necessary.

You will want to know who in your program is responsible for contacting and coordinating health service agencies, and what your relationship is with the agencies. What kinds of assistance can you expect from them? What conference arrangements are being made among team members? While some agencies are more accessible than others, all Head Start programs (no matter how large or small) have or will have access to these resources, either within the program or through outside referrals.

Be sure that the parents are completely informed of any plan for services for their child, and that they give their consent.

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Educational Services

This component comprises all aspects of the educational program. All Head Start programs, however, should use the resources of local institutions of higher learning (junior colleges, colleges, universities, and University Affiliated Facilities) that are available to them.

In many programs, the people who are responsible for educational services can provide guidance and advice to teachers in the classroom. This advice would include helping you to observe a child systematically, to assess a child's skills, and to develop and carry out an individualized education plan for a hearing impaired child. Your center's educational director should be able to help you tailor classroom activities to meet each child's needs.

Parent Involvement

Parent involvement, a cornerstone of Head Start, encourages family participation in all aspects of the program. Head Start believes that the gains made by a child in Head Start must be understood and built upon by the child's family and by the community. To achieve parent involvement in a child's Head Start experience, each program works toward increasing parents' understanding of their child's needs and how to satisfy them. Project Head Start is based on the premise that successful parent involvement requires parents to participate in making decisions about the program and about what kinds of activities are most helpful and important for their child.

In some Head Start programs, the parent-involvement component may be combined with social services. In others, it is a separate service. Regardless of its place in the organization of your program, the people in this component are responsible for the coordination of all activities that involve the child's family.

You probably realize that the parent-involvement component is especially important for families of handicapped children. Since they have lived with the child you are trying to help, they know a great deal about their child's needs and strengths. The more the home and Head Start can exchange information and work together, the better the child will do in your class.

Parents know a great deal about their child's needs and strengths. They should participate in making decisions about their child's individualized program.

Handicap Services

A handicap coordinator is responsible for supervising the mainstreaming of all handicapped children in the program. This person is usually familiar with special education methods and materials, and should be able to teach you how to use them in your classroom if you need help.

Many Head Start programs have a close working relationship with the local school system. The local school system may pay for specialists to work with handicapped children. Under 1975 federal legislation, Education for All Handicapped Children Act (Public Law 94-142), local school districts must provide a free public education to all handicapped children from 3 to 21 years of age. Some states have their own special education laws, which require services for children from infancy to age five as well. You will want to learn as much as you can about these laws in your own state so that you can take advantage of the services. Your local public school director of special education is a good resource for such information.

One aspect of the Education for All Handicapped Children Act that concerns Head Start teachers and parents is its outreach component. Under the law, public school systems are required to demonstrate a practical method for identifying unserved and underserved handicapped children, so that they can receive the special services they need. Called Child Find, Child Search, or Child Identification in different states, the method also varies from state to state. In some, it consists of an advertising campaign to let parents, teachers, and others know whom they should contact if they suspect a child has a handicap that has not been recognized. In other states, there is a formal program of screening and diagnosis in addition to a public awareness campaign. To take advantage of this service, which is your right under the law, call the director of special education in your local school system, the superintendent of schools in your town, or the special education section of your state's department of education.

Since the Head Start program in many states enrolls children for whom the public school system is also responsible, this means that there may be many services that the school district can provide for these children in your classroom, such as free diagnoses and specialists' services. The handicap coordinator or someone else in your program should be in close contact with the public schools in your community, and should know all of the resources available and how to link up with them.

Who Knows About Resources and Services?

The staff person in your program who is responsible for handicap services may be the best person to contact to find out about resources and services. In your community, however, there are other people who know what agencies or people provide the services you need for a child with special needs.

The special education supervisor in your public school system is one person to contact for information about local resources. It is also a good idea to contact this person to alert the school system to the special needs of a child. After all, the child will probably be starting public school after leaving Head Start.

Your local hospital may have a department called a child development unit, which deals with all sorts of developmental problems in children. Many hospitals have a speech and hearing or speech and language clinic for children. The services the hospital can offer will vary, depending on the staff and funds they have. But the hospital will often be able to suggest other resources for you to contact.

Some states have a University Affiliated Facility, which provides direct services to handicapped children and their families. The address for this resource is given in Chapter 7, page 102.

The Resource Access Project (RAP) in your region should be contacted. RAPs are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They identify all possible sources of training and technical assistance and enlist their support in helping Head Start find and serve handicapped children. The addresses of the RAPs are given in Chapter 7, page 108.

Often, parents of school-age hearing impaired children are very knowledgeable about the resources that can be tapped. Find out if your community has an organization for parents of hearing impaired children.

How To Make the Most of Available Resources

You can make the most of available resources by taking the following steps:

1. **Be Precise**

Be precise about the help you need. For people to be helpful, they have to understand exactly what you need. You may want to discuss your problem first with other Head Start teachers and specialists, so that you end up with a clear idea of what you need to know.

2. **Develop Objectives**

With your team of specialists, develop objectives about what each of you wants to achieve in working with a particular handicapped child. That is, know what you're aiming for so you can plan activities to meet that aim, and so you will know when you have reached it.

3. **Agree on Responsibilities**

Work out together with the specialists what you expect from them and what they expect from you. People sometimes start out with different expectations — such as who is responsible for working with the child (the specialist or the teacher), or who is responsible for checking on whether the plan has worked. Responsibilities need to be spelled out so that an agreement can be reached.

4. **Make Sure You Understand**

Advice and explanations that don't tell you specifically what you can do for a child in your classroom leave you as stranded as you were before. If you don't understand, *ask*. Some specialists are used to saying things in complicated ways, and they need to be reminded to say them in plain English. Advice won't do any good if you can't use it. And if you don't understand it, you can't use it.

5. Keep In Touch

Feedback on both sides is very important. You need to know what the specialists are doing for the child and how the child is progressing. And everyone, the parents, the specialists, and you, needs to know what everyone else is doing, so that the services can be coordinated. Otherwise, two specialists could be providing the same services for a child, or even worse, no one could be providing them.

Feedback won't happen by itself. Plan a schedule of contacts (such as meetings and phone calls) and hold yourself and the specialists responsible for sticking to it.

6. Consider Parents Specialists

Work with parents in the same way that you work with specialists. Parents are specialists on their own child's needs, strengths, problems, likes, and dislikes. Furthermore, like working with specialists, working with parents involves agreed-upon objectives, knowing what each of you is doing, knowing how the child is progressing, and regular contact.

7. Expect a Lot

You will be working with a child who has problems that may be unfamiliar to you, and for which there are no easy solutions. This means you need to expect a lot, both from yourself and from others hired to help a child with special needs.

If you are going to get the most from resource persons both inside and outside your program, you need to be doing a great deal yourself. You need to identify what the child can do and what he or she is developmentally prepared to learn. At the same time, you will have to maintain a program that is good for all the children in the classroom.

Expect a lot from the people your program has hired on a full-time, part-time, or consultant basis. Don't be impressed by their titles, backgrounds, or anything else except *how helpful they really are to you, the child, and the child's family.*

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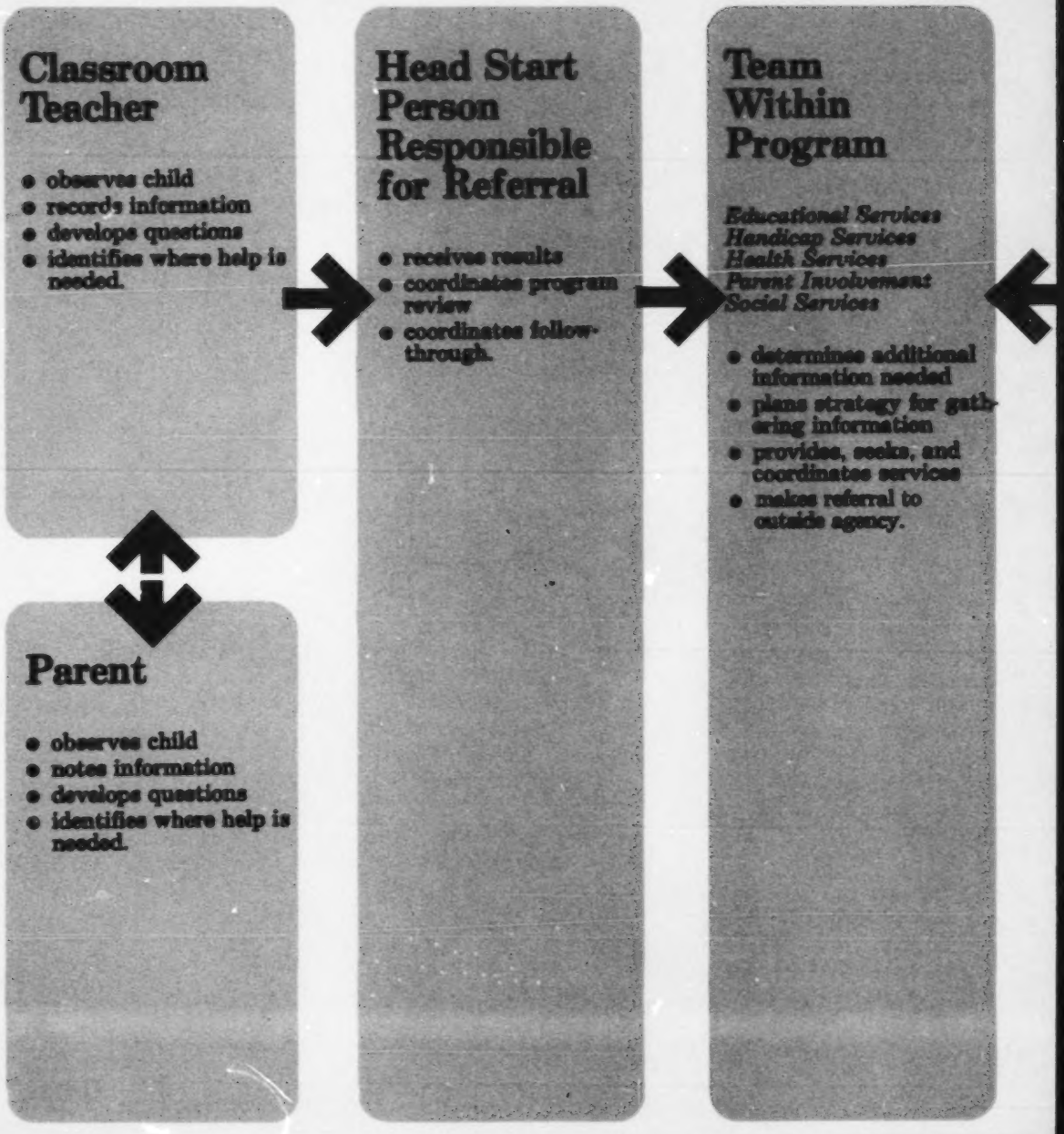
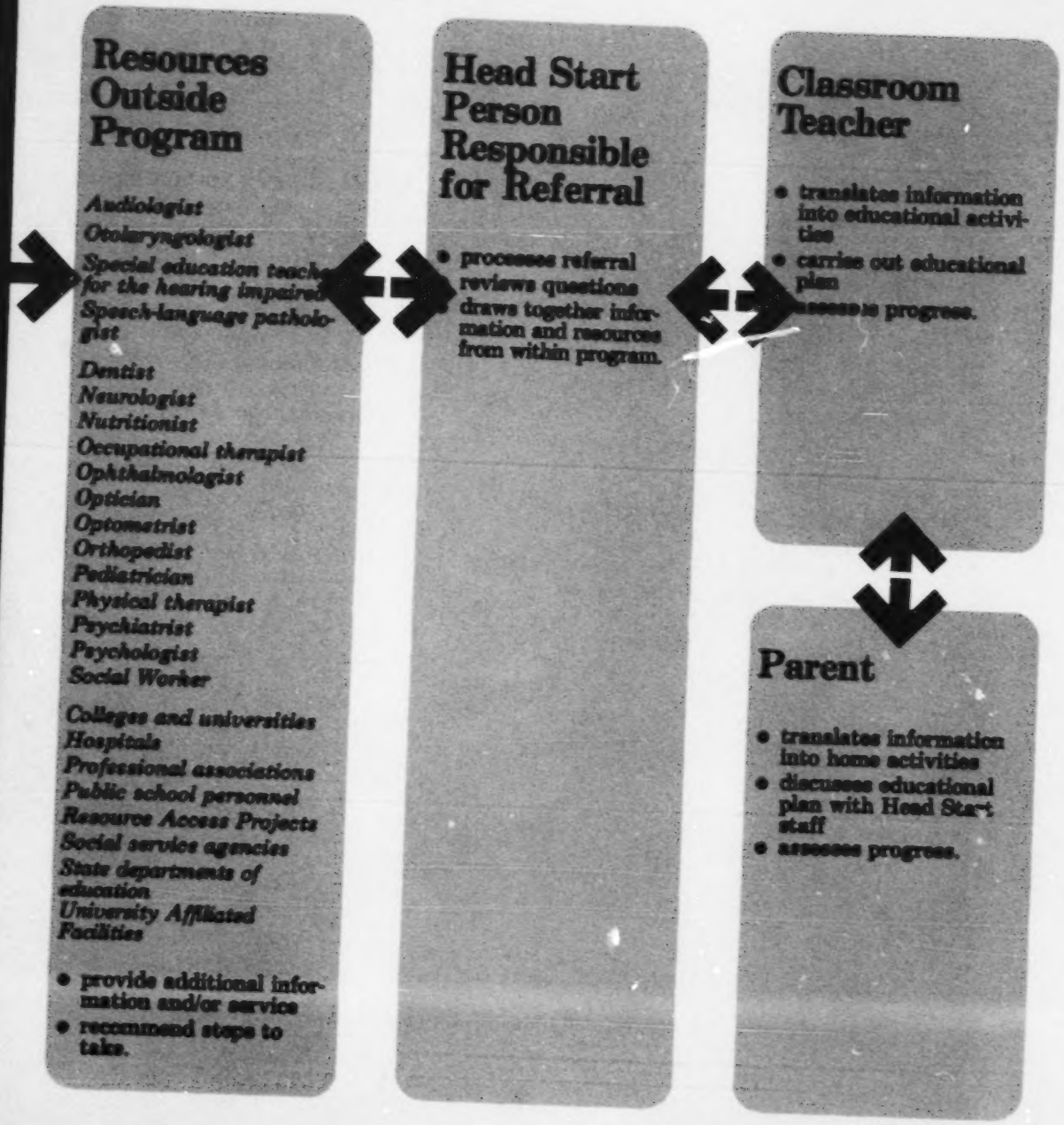
Using Local Resources for Mainstreaming Handicapped Children




Resources Outside Program
Audiologist
Otolaryngologist
Special education teacher for the hearing impaired
Speech-language pathologist
Dentist
Neurologist
Nutritionist
Occupational therapist
Ophthalmologist
Optician
Optometrist
Orthopedist
Pediatrician
Physical therapist
Psychiatrist
Psychologist
Social Worker
Colleges and universities
Hospitals
Professional associations
Public school personnel
Resource Access Projects
Social service agencies
State departments of education
University Affiliated Facilities
• provide additional information and/or service
• recommend steps to take.
Head Start Person Responsible for Referral
• processes referral
reviews questions
draws together information and resources from within program.
Classroom Teacher
• translates information into educational activities
• carries out educational plan
• assesses progress.
Parent
• translates information into home activities
• discusses educational plan with Head Start staff
• assesses progress.

Who Are the Specialists? What Do They Do?

This section describes the specialists hearing impaired children are likely to need help from, and the kinds of help they can provide. Other specialists who work with handicapped children are described in the section beginning on page 100.

Audiologist

An audiologist conducts screening and diagnosis of hearing problems, and may recommend a hearing aid or suggest resources for people with hearing handicaps.

What Is Done

The audiologist performs the above services and can also be called upon to answer questions in the following areas: the nature of a child's hearing loss, what the child can and cannot hear, the usefulness of a hearing aid, the care of a hearing aid, and the availability of special programs for children with hearing impairment.

Otolaryngologist

An otolaryngologist is a medical doctor who conducts screening, diagnosis, and treatment of ear, nose, and throat disorders. He or she can also perform ear, nose, and throat surgery. This specialist may also be known as an E.N.T. (ear, nose, and throat doctor). An otologist is an otolaryngologist who works exclusively in the area of ear disorders.

What Is Done

The otolaryngologist would undertake a comprehensive examination of the external ear, the ear canal, the eardrum, and the middle ear (the space behind the eardrum). He or she may also administer a gross test of hearing acuity to get an idea of where the problem lies and to determine what further tests should be given. Surgery may be advised when there is a problem with the bone structure of the ear and/or when fluid is present in the ear.

An audiologist conducts screening and diagnosis of hearing problems.

Special Education Teacher of the Hearing Impaired

This special education teacher has advanced training in teaching hearing impaired children. He or she evaluates and works with these children in clinics, special schools, special classes, regular classrooms, or home settings.

What Is Done

The special education teacher helps with preliminary identification of hearing loss and with working out individualized education programs. In special classes, he or she works with hearing impaired children to help them develop listening, speech, language, academic, and social skills. He or she may also instruct parents and teachers on how to communicate effectively with a child and how to encourage the development of the child's own skills.

Speech-Language Pathologist

A speech-language pathologist conducts screening, diagnosis, and treatment of children and adults with communication disorders. This person may also be called a speech clinician or speech therapist.

The speech-language pathologist will want to talk with the child's parents and teachers to obtain a full case history of the child and an idea about the child's speech and language at home and in school. The pathologist then spends time talking to the child. Usually this will be done in the context of a play situation. After this type of informal observation, the speech-language pathologist gives the child a battery of tests to assess the child's ability to understand and produce speech. As part of a screening or evaluation, the child may be asked to draw pictures, say words, manipulate and name objects, describe pictures, repeat sentences, answer questions, or tell a story.

Depending upon what is found out from tests, observation, and parent and teacher interviews, the speech-language pathologist may design and carry out a therapy program for the child. When the speech-language pathologist feels that there may be other problems contributing to the speech or language disorder, he or she may recommend that the child see an audiologist, psychologist, otolaryngologist, or other professional for further examination and recommendations.

The speech-language pathologist can provide the teacher with specific instructional suggestions for a particular child. The pathologist can also give the teacher ideas for developmentally appropriate objectives for the child. Finally, the speech-language pathologist may work with the parents of a child with a speech or language impairment.

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Other Specialists

A Dentist conducts screening, diagnosis, and treatment of the teeth and gums.

A Neurologist is a medical doctor who conducts screening, diagnosis, and treatment of brain and nervous system disorders.

A Nutritionist evaluates a person's food habits and nutritional status. This specialist can provide advice about normal and therapeutic nutrition, and information about special feeding equipment and techniques to increase a person's self-feeding skills.

An Occupational Therapist evaluates and treats children who may have difficulty performing self-help, play, or school-related activities, with the aim of promoting self-sufficiency and independence in these areas.

An Ophthalmologist is a medical doctor who diagnoses and treats diseases, injuries, or birth defects that affect vision. He or she may also conduct or supervise vision screening.

An Optician assembles corrective lenses and frames. He or she will advise in the selection of frames and fit the lenses prescribed by the optometrist or ophthalmologist to the frames. An optician also fits contact lenses.

An Optometrist examines the eyes and related structures to determine the presence of visual problems and/or eye disease, and to evaluate a child's visual development.

An Orthopedist is a medical doctor who conducts screening, diagnosis, and treatment of diseases and injuries to muscles, joints, and bones.

A Pediatrician is a medical doctor who specializes in childhood diseases and problems, and in the health care of children.

A Physical Therapist evaluates and plans physical therapy programs and directs activities for promoting self-sufficiency primarily related to gross motor skills such as walking, sitting, and shifting position. He or she also helps people with special equipment used for moving, such as wheelchairs, braces, and crutches.

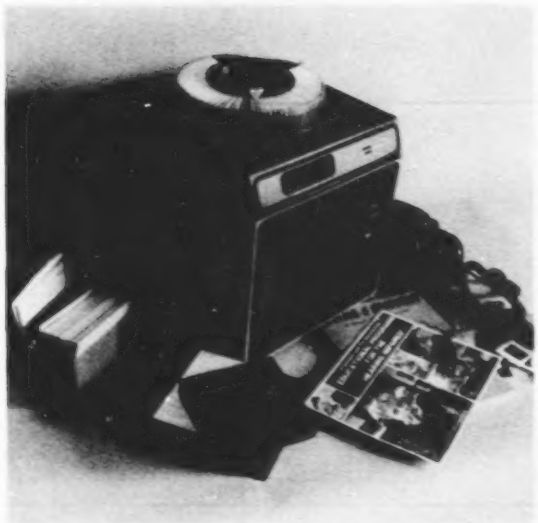
A Psychiatrist is a medical doctor who conducts screening, diagnosis, and treatment of psychological, emotional, behavioral, and developmental or organic problems. Psychiatrists can prescribe medication. They generally do not administer tests. There are different kinds of psychiatrists.

A Psychologist conducts screening, diagnosis, and treatment of people with social, emotional, psychological, behavioral, or developmental problems. There are many different kinds of psychologists.

A Social Worker provides services for individuals and families experiencing a variety of emotional or social problems. This may include direct counseling of an individual, family, or group; advocacy; and consultation with preschool programs, schools, clinics, or other social agencies.

Chapter 7:

Other Sources of Help



A number of associations and books can provide helpful information about hearing impairment and about how to work with hearing impaired children in the classroom.

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102 *In addition to the specialists in your program, community, or region, there are other sources of help you can draw on to assist you with children who have hearing impairment. Around the country are a number of associations concerned with hearing loss. They can send you helpful information about hearing impairment and about how you can work with hearing impaired children in the classroom. There are also many good books and articles that you may find useful. These are listed in the bibliography at the end of this chapter.*

Professional and Parent Associations, and Other Organizations

For each association given in this section, we have listed its national address, whether it has local branches, what it does, and how it can help you.

American Association of University Affiliated Programs

This organization is most interested in providing diagnostic services to individuals with developmental disabilities and in providing training for people who work with handicapped persons. University Affiliated Facilities include such areas as early childhood and special education, pediatrics, child development, child psychology, social work, child neurology, speech pathology, physical and occupational therapy, nutrition, and nursing. Nearly 50 UAFs have been established throughout the country. The association has an official working relationship with Head Start. By writing to the address below you can find out if there is a program near you that can provide diagnostic, treatment, training, and consultation services. For more information write to:

American Association of University Affiliated Programs
Suite 908
1100 17th St., N.W.
Washington, D.C. 20036

American Speech and Hearing Association

This is a professional association for speech-language pathologists and audiologists. The Association disseminates information on speech, language, and hearing and its disorders through books and pamphlets for the general public as well as professional reports, monographs, and four journals: **ASHA** (monthly), **Journal of Speech and Hearing Disorders** (quarterly), **Journal of Speech and Hearing Research** (quarterly), and **Language, Speech, and Hearing Services in the Schools** (quarterly). Information is also disseminated to the lay public and the professions through ASHA-sponsored workshops, seminars, and conferences.

The ASHA is the only national certification/accreditation body for individuals providing speech, language, and hearing services, and for clinical service facilities and education and training programs in these areas. The ASHA maintains directories of certified speech-language pathologists and audiologists, accredited service agencies for those with speech, language and hearing handicaps, and accredited education and training programs for the professional preparation of speech-language pathologists and audiologists. This organization has a national office and is associated with speech and hearing associations on the state level. For more information write to:

American Speech and Hearing Association
10801 Rockville Pike
Rockville, Maryland 20852

Alexander Graham Bell Association for the Deaf 103

This is an international organization whose goal is to foster supportive environments and programs directed to the preparation of hearing impaired children and adults for independent participation in the life of their family, community, and country.

The Association provides information services for parents, educators, libraries, hospitals and clinics, physicians, nurses, students, and others interested in the hearing impaired. It also maintains a specialized library containing over 20,000 volumes and extensive clipping and pamphlet files on hearing and speech.

Publications include numerous books and brochures about hearing impairment, and a monthly magazine called **The Volta Review**. For more information write to:

Alexander Graham Bell Association for the Deaf
3417 Volta Place, N.W.
Washington, D.C. 20007

Closer Look

Funded through the Bureau of Education for the Handicapped, this special project attempts to provide bridges between parents and services for handicapped children and to help parents become advocates for comprehensive services for their own handicapped child as well as for others. Closer Look publishes a newsletter about handicaps and new programs, as well as information of special interest to parents. The staff will also respond to questions that you may have. The newsletters and information are free. By writing to them you can be added to their mailing list. For more information write to:

Closer Look
Box 1492
Washington, D.C. 20013

104 **The Conference of Executives of American Schools for the Deaf (CEASD)**

This organization provides information regarding education of the deaf and refers inquiries to more appropriate information sources when necessary. It serves as an advocate for legislation and services for the deaf, and conducts workshops, conferences, and an annual convention to promote professional development. CEASD publishes a newsletter, issue-oriented papers and booklets, CEASD convention **Proceedings**; co-publishes the **American Annals of the Deaf**; and distributes captioned films for the deaf and education and training materials for other handicapped students and their parents and teachers. For more information write to:

Conference of Executives of American Schools for the Deaf
5034 Wisconsin Avenue, N.W.
Washington, D.C. 20016

Convention of American Instructors of the Deaf (CAID)

CAID responds to inquiries regarding education and services for the deaf and refers inquiries to more appropriate information services when necessary. It serves as an advocate for legislation and services to benefit the education of the deaf, and conducts workshops, conferences, and a biennial meeting. CAID publishes a newsletter, occasional special publications, CAID biennial meeting **Proceedings**; co-publishes the **American Annals of the Deaf**; and produces educational materials for dissemination. For more information write to:

Convention of American Instructors of the Deaf
5034 Wisconsin Avenue, N.W.
Washington, D.C. 20016

Council for Exceptional Children: Division on Hearing Impairment

This division is concerned with teaching children who are hearing impaired, and with helping teachers of these children to be more effective. CEC and this division publish low-cost informational materials of interest to professionals and parents.

CEC has local chapters. For more information write to:

Council for Exceptional Children
1920 Association Drive
Reston, Virginia 22091

Council for Exceptional Children Information Center

This information center provides abstracts of current research and bibliographies of information currently available in publications and non-print media. It also provides annotated listings of agencies that serve exceptional children and their families. Contact:

Council for Exceptional Children Information Center
1920 Association Drive
Reston, Virginia 22091

Gallaudet College for the Deaf

Gallaudet College is a federally funded school for the deaf. A number of projects in operation at the College can provide information and/or materials on hearing impairment. For general information about Gallaudet College for the Deaf write to:

The Office of Public Relations
Gallaudet College for the Deaf
Kendall Green
Washington, D.C. 20002

Instructional Materials Centers

These centers have media and materials suitable for use with language and speech impaired children. Often the director or staff of the center can demonstrate materials, suggest especially good materials, and consult with you about your needs.

To find out about a Center, contact the Resource Access Project in your region, directors of special education in your state department of education, or colleges' and universities' special education departments.

International Association of Parents of the Deaf (IAPD)

IAPD provides information about deafness to parents and the general public and refers parents to local contacts when appropriate. The Association has developed position papers on a variety of subjects to give members support and guidance in areas of vital concern to parents. Speakers are available for meetings, seminars, and conventions. A newsletter, the **Endeavor**, is published six times a year. Free copies of the **Endeavor** may be requested. Contact:

International Association of
Parents of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

International Parents' Organization/ Alexander Graham Bell Association for the Deaf

The IPO is the parents' section of the Alexander Graham Bell Association for the Deaf. The Bell Association is an internationally known information center and vigorous advocate of oral/ auditory education for hearing impaired children.

IPO is primarily an association of affiliated local parent groups. It serves as a clearinghouse for the exchange of ideas, coordinates the efforts of parents with those of professionals who deal with hearing impaired children, and spearheads action in such areas of national interest and concern as parent surveys, scholarships, public information projects, and legislative action. A primary concern of all IPO affiliated groups is continuing parent and public education regarding the necessity of early diagnosis, auditory training, and language and speech training for the hearing impaired child. Through its support of local groups, IPO offers to the parents of hearing impaired children the opportunity to participate in concentrated and coordinated efforts that are of both immediate and ultimate benefit to their own child, themselves, and hearing impaired children throughout the world.

IPO and the Bell Association put out a number of publications, including newsletters, **The Volta Review**, and **Newsounds**. For more information write to:

International Parents' Organization/
Alexander Graham Bell Association for
the Deaf
3417 Volta Place, N.W.
Washington D.C. 20007

106 **National Association for Hearing and Speech Action**

This is a private non-profit organization that works exclusively in behalf of hearing, speech, and language handicapped individuals. Among its principal programs are education and training, field service, public information and education.

The Association attempts to bring together all of the interested groups (such as professionals from different fields who work with persons with hearing and speech problems, and manufacturers of equipment for these persons) in behalf of people with hearing and speech problems. It serves as an information and referral source, developing liaisons with various organizations (such as Lions International, Sertoma International, Pilot Clubs, and others) to provide assistance to speech and hearing centers as well as to individuals. Available from them is a pamphlet, "So Your Child Has a Hearing Problem," which deals with speech and other problems of a child with hearing impairment, and a new 16mm color film, **A World Half Heard**, which describes aspects of the life of a six-year-old hearing impaired child, such as her adjustment within her family and how she is taught by a speech and language pathologist. For more information, write to:

National Association for Hearing and Speech Action
814 Thayer Avenue
Silver Spring, Maryland 20910

National Association of the Deaf

This is a private organization founded for the purpose of promoting the social, educational, and economic well-being of the deaf. Its principal function is to serve as a clearinghouse for information relating to deafness and the problems of the deaf. To this end, the Association provides experts on socio-economic aspects of deafness to interested groups and organizations; provides a representative body which determines and articulates the point of view of the deaf adult on programs relating to problems caused by hearing loss; and conducts studies and workshops on professional services, problems, and programs.

NAD publishes a monthly magazine, **Deaf American**, and numerous pamphlets and brochures dealing with deafness and problems that deaf persons face. For a publications catalog or more information write to:

National Association of the Deaf
814 Thayer Avenue
Silver Spring, Maryland 20910

National Center for Law and the Handicapped, Inc.

This organization was established to ensure equal protection under the law for handicapped people. It participates in selected court cases by consulting with the lawyers of handicapped people whose rights may have been violated. Sometimes NCLH provides a lawyer for a handicapped person. The staff can answer questions and provide information about legal issues affecting children who are hearing impaired. For more information write to:

National Center for Law and the Handicapped, Inc.
1235 North Eddy Street
South Bend, Indiana 46617

National Easter Seal Society for Crippled Children and Adults

The Society is a major provider of rehabilitation services to disabled persons of all ages with orthopedic, neurological, or neuromuscular disabilities; sensory, communication, and learning disorders; or psychological and social dysfunction. Others served are parents and families of disabled persons and lay and professional persons seeking information.

The Society conducts programs of evaluation, treatment, education, vocational training, and advocacy. Support services such as equipment loan and transportation are also provided. Nearly 2,000 programs and facilities are organized on a state and/or local basis. The Chicago headquarters serves as a national spokesman about the Society, as an advocate of the disabled, and in support and leadership of the programs of its affiliate Societies. As an advocate, response is given to requests for information, and testimony is prepared on issues vital to the disabled.

The National Society building in Chicago houses a library collection of books, periodicals, and pamphlets on rehabilitation. The Society's Information Center produces and/or disseminates several publications, including a professional journal entitled **Rehabilitation Literature**. A publications catalog is available. For more information write to:

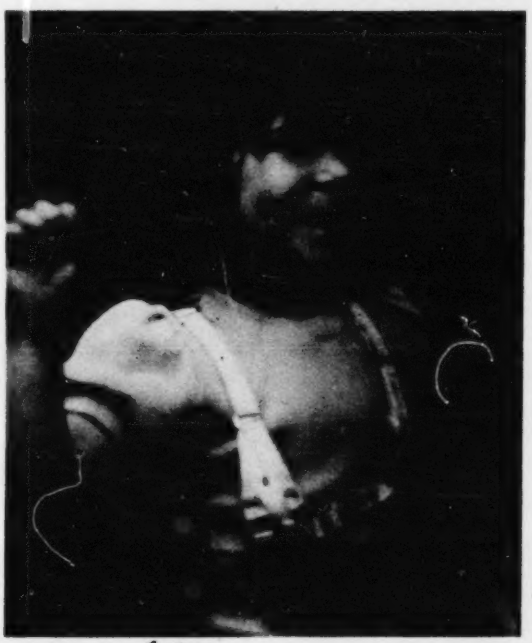
National Easter Seal Society for
Crippled Children and Adults
2023 West Ogden Avenue
Chicago, Illinois 60612

Resource Access Projects

Resource Access Projects (RAPs) are designed to link local Head Start staff with a variety of resources to meet the special needs of handicapped children. They function as brokers, facilitating the delivery of training and technical assistance to meet local Head Start program needs in the area of services to handicapped children. While the RAPs will assist local grantees in determining and meeting their needs in the area of handicapped services, the cost of any required training or technical assistance must be borne by the grantee and/or the resource provider.

RAPs have been established to identify all possible sources of training and technical assistance, and to enlist their support in helping Head Start find and serve handicapped children. Examples of resources include public health departments, community mental health centers, speech and hearing clinics, developmental disabilities councils, universities and colleges, professional associations, and private providers of training, technical assistance, materials, and equipment.

The addresses for the RAPs in all regions of the country, and the states served, are as follows.



DHEW Region	States Served	Resource Access Project (RAP)
1	Maine New Hampshire Vermont Connecticut Massachusetts Rhode Island	Education Development Center, Inc. 55 Chapel Street Newton, Massachusetts 02160
2	New York New Jersey Puerto Rico Virgin Islands	New York University School of Continuing Education 3 Washington Sq. Village, Apt. 1M New York, New York 10012
3	Pennsylvania West Virginia Virginia Delaware Maryland District of Columbia	PUSH/RAP Mineral Street Annex Keyser, West Virginia 26726
4	North Carolina South Carolina Georgia Florida Mississippi	Chapel Hill Training Outreach Project Lincoln School Merritt Mill Road Chapel Hill, North Carolina 27514
	Kentucky Tennessee Alabama	The Urban Observatory 1101 17th Avenue, South Nashville, Tennessee 37212
5	Illinois Indiana Ohio	University of Illinois Colonel Wolfe Preschool 403 East Healey Champaign, Illinois 61820
	Minnesota Wisconsin Michigan	Portage Project Resource Access Project 412 East Slifer Street P.O. Box 564 Portage, Wisconsin 53901

DHEW Region	States Served	Resource Access Project (RAP)
6	Texas Louisiana Oklahoma Arkansas New Mexico	Contract not awarded at time of printing.
7	Missouri Kansas Iowa Nebraska	University of Kansas City Medical Center Children's Rehabilitation Unit 39th & Rainbow Boulevard Kansas City, Kansas 66103
8	Colorado North Dakota South Dakota Montana Utah Wyoming	Mile High Consortium Hampden East I-Room 215 8000 East Girard Avenue Denver, Colorado 80231
9	California Arizona Hawaii Nevada Pacific Trust Territories	Los Angeles Unified School District Special Education Division 450 North Grand Avenue Los Angeles, California 90012
10	Washington Oregon Idaho	University of Washington Model Preschool Center for Handicapped Children Experimental Education Unit WJ-10 Seattle, Washington 98195
	Alaska	Easter Seal Society for Alaska Crippled Children and Adults 726 E. Street Anchorage, Alaska 99501

Bibliography

Many books have been published on children with hearing impairment. It is not possible to list all of them here. The ones mentioned are some of those that are especially good for learning about hearing loss and for helping you work with hearing impaired children in your classroom.

General Information

Davis, Hollowell, and Silverman, S. R. **Hearing and Deafness,** New York: Holt, Rinehart and Winston, 1978.

This book covers general topics and information related to hearing impaired people of all ages and with varying degrees of hearing loss. One section provides excellent background information for the teacher or parent of a hearing impaired child.

Whetnall, Edith, and Fry, D.B. **Learning to Hear.** Edited by R.B. Niven. London: William Heinemann Medical Books, Ltd., 1970.

Available in paperback, this is a book for laypersons on how normal and deaf children learn to hear. Sections in the book include: "The Ear and How It Works," "We Hear with Our Brains," "Deaf but Not Dumb," "Facts of Physics of Speech Sounds — How the Deaf Child Speaks and Hears," "Types and Causes of Deafness," "Detection of Deafness and Tests of Hearing," "Auditory Training," and "Hearing Aids."

Working with Hearing Impaired Children

Ayrault, Evelyn West. **You Can Raise Your Handicapped Child.** New York: G.P. Putnam's Sons, 1964.

Designed to give parents a better understanding of the psychological, social, and emotional problems of children who are handicapped, and to help them meet the special challenges of bringing up such children. Primarily concerned with physically handicapped children, but relevant also for use with hearing impaired children.

Bloom, Freddy. **Our Deaf Children.** London: William Heinemann, 1963.

The mother of a severely hearing impaired child writes of "her own experiences, the difficulties and frustrations that confronted her, and the means she and her husband adopted to surmount them. . . ."

Blumberg, Carol. **Guidelines for Nursery School Teachers** (n.d.). Available from: Lexington School for the Deaf, Jackson Heights, N.Y. 11370.

This simple and concise guide was written by an integration counselor for nursery school teachers who have hearing impaired children in their classes. Basic information is provided about the hearing impaired child's use of hearing, speech, and lip reading. Includes specific hints to the teacher.

Exceptional Parent Magazine. Psy-Ed. Corporation, 20 Providence Street, Room 708, Statler Office Building, Boston, Mass. 02116.

Addressed to the parents and teachers of handicapped youngsters and adults, this magazine has many articles of interest, including "how to," "what to do," and "where to get help." For a subscription write to Exceptional Parent, P.O. Box 4944, Manchester N.H. 03108

Greenberg, Joanne Cecelia. The Language Arts Handbook. Ellicott City, Md.: Custom Instructions Programs, 1978.

Provides ready-to-use lesson plans and games that use sign language and finger spelling. It is aimed at helping regular classroom teachers use sign language and finger spelling with hearing children.

Guralnick, M.J., ed. Early Intervention and the Integration of Handicapped and Nonhandicapped Children. Baltimore: University Park Press, 1978.

This book provides complete coverage on the issues, concepts, programs, research, and future needs relating to the integration of handicapped children in regular preschool programs. Includes a chapter on integrating hearing impaired preschoolers.

I Heard That! (1978). Available from: Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, D.C. 20007.

A developmental sequence of listening skill activities for preschoolers with or without hearing impairment. Classified under major levels of difficulty: awareness of sound, sound has meaning, developing an auditory feedback mechanism, discrimination skills, localization skills, distance and directional learning, adding background noise, short- and long-term auditory memory.

Katz, Lee; Mathis, Steve; and Merrill, Edward. The Deaf Child in the Public Schools. Danville, Ill.: Interstate, 1974.

This book contains practical questions and answers for parents of hearing impaired children. It describes characteristics of deafness, learning problems caused by deafness, educational services (including pros and cons of mainstreaming), curriculum, teachers and teaching situations, media and materials, support services, and the achievement and adjustment of the deaf individual. It also lists names and addresses of local, state, and national services. While it deals largely with older children and adults, it does give general information of use to teachers and parents of hearing impaired preschoolers.

Listen, Talk, (1975). Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

This is a book of activities by Head Start teachers for improving speech, language, listening, and motor skills. Each activity is on a separate card that also lists objectives and necessary materials.

112 Lowell, Edgar, and Stoner, Marguerite. **Play It by Ear: Auditory Training Games** (1960). Available from: John Tracy Clinic, 806 West Adams Boulevard, Los Angeles, Calif. 90007.

Outlines specific games that foster the growth of auditory skills. May be used by parents with individual children, or adapted by teachers for use with groups of children.

Mavilya, Marya, and Mignone, Bernadette. **Educational Strategies for the Youngest Hearing Impaired Children 0-5** (1977). Book 10, Lexington School for the Deaf Educational Series. Available from: Lexington School for the Deaf, Jackson Heights, N.Y. 11370.

A practical description of recommended programs for all deaf children. Emphasizes auditory, cognitive, speech, language, and social development in young hearing impaired children aged 0-5. Based on the idea that the ability to use residual hearing cannot be separated from the ability to understand language. Educational strategies are discussed.

Mindel, Eugene, and Vernon, McKay. **They Grow in Silence** (1971). Available from: National Association of the Deaf, 814 Thayer Avenue, Silver Spring, Md. 20910.

A discussion of the benefits of teaching a hearing impaired child total communication. Directed especially to parents.

Moffat, Samuel. **Helping the Child Who Cannot Hear.** Public Affairs Pamphlet No. 479 (1975). Available from: Public Affairs Committee, Inc., 381 Park Avenue South, New York, N.Y. 10016.

This booklet briefly discusses several areas related to the hearing impaired child. It is directed mainly to parents of hearing impaired children, and lists specific sources of additional information.

Nix, Gary. **Mainstream Education for Hearing Impaired Children and Youth.** New York: Grune & Stratton, 1976.

Discusses issues and problems of mainstreaming hearing impaired children of various ages. Also describes selection and assessment of children for mainstreaming. Of special interest to parents and teachers of hearing impaired preschoolers is a chapter on the preprimary level. Some consideration is given to different degrees of hearing loss.

Northcott, W.H., ed. **Curriculum Guide: Hearing Impaired Children — Birth to Three Years — and Their Parents.** Rev. ed. (1977). Available from: Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, D.C. 20007.

A practical description of a comprehensive infant/preschool program for the hearing impaired. Focuses on a natural language approach to learning that involves parents and regular nursery school teachers. Describes characteristics of a desirable program for nonhandicapped children, provides a structured observation form for use by persons monitoring a hearing impaired child in a regular nursery or Head Start program, and gives samples of conversation and experiential activity at various age levels.

Northcott, Winifred, ed. **The Hearing Impaired Child in a Regular Classroom** (1973). Available from: Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, D.C. 20007.

A collection of over 40 articles on the issues, objectives, and organizational patterns involved in mainstreaming hearing impaired children. Written by people who are directly involved in mainstream programs. This book is useful for teachers, administrators, and parents.

Schlesinger, Hilde, and Meadow, Kathryn. **Sound and Sign: Childhood Deafness and Mental Illness.** Berkeley: University of California Press, 1972.

A discussion of the total communication approach to helping children with hearing impairment.

Simmons-Martin, Audrey. **Chats with Johnny's Parents** (1973). Available from: Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, D.C. 20007.

Contains practical information for parents of hearing impaired children and teachers who work with hearing impaired preschoolers. Particular attention is paid to the development of language and speech, and to amplification and use of hearing aids. Management problems are also discussed. Both general and specific examples are generously provided throughout the text.

Books About Hearing Aids

Craig, Helen; Sins, Valerie; and Rossi, Sandra. **Your Child's Hearing Aid.** Available from: Dormac, Inc., P.O. Box 1622, Lake Oswego, Ore. 97034.

Easy-to-read booklet for parents on the use and care of individual hearing-aid components.

Blatchford, Claire. **Yes, I Wear A** (1976). Lexington Family Series. Available from: Lexington School for the Deaf, Jackson Heights, N.Y. 11370.

The author lost her hearing at age six. In this delightful booklet she describes her personal experiences in learning to wear a hearing aid. Parents, teachers, and children will be interested in reading about some of the difficulties and benefits involved in learning to wear a hearing aid.

Rubin, Maxine. **All About Hearing Aids** (n.d.). Available from: Alexander Graham Bell Association for the Deaf, 3417 Volta Place, N.W., Washington, D.C. 20007.

This booklet contains practical descriptions of how a hearing aid works, basic parts of a hearing aid, and how to care for and test a hearing aid. Includes daily checklists and trouble-shooting charts for teachers and parents.

114 Basic Books on Sign Language

The following books provide sign language instruction for beginners.

The Communicative Skills Program. **A Basic Course in Manual Communication** (1973). Available from: National Association of the Deaf, 814 Thayer Avenue, Silver Spring, Md. 20910.

Huffman, Jeanne; Hoffman, Bobbie; Gransee, David; Fox, Anne; James, Juanita; Schmitz, Joseph. **Sign Language for Everyone** (1975). Available from: Joyce Motion Picture Company, P.O. Box 458, Northridge, Calif. 91324.

Reikehof, Lottie L. **Talk to the Deaf** (1963). Available from: Gospel Publishing House, 1445 Boonville Avenue, Springfield, Mo. 65802.

Washington State School for the Deaf. **An Introduction to Manual English** (1972). Available from: Washington State School for the Deaf, Vancouver, Wash. 98661.

Audio-Visual Materials

Aural/Oral Education for Language Growth. Color slide tape; 15 minutes, 12 seconds. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

Is language-code learning possible for hearing-impaired children? Seven sequences were chosen as representative of several stages of such learning, from infancy to seven years of age, that have been observed at Central Institute for the Deaf. The tape documents that intra- and inter-personal language growth can be effected through an aural/oral mode of communication.

Changing Sounds (1972): A 20-minute program, produced originally in 35mm color slides with either audible or silent cues on the cassette sound track. It is also available in color on ¾" videocassette and Betamax and in black-and-white on ½" videotape. Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

A program designed to familiarize parents and teachers with the parts of a hearing aid, symptoms and causes of malfunctioning, and procedures to correct breakdowns. Emphasis is placed on daily and systematic checking of the aid to optimize its use for young hearing impaired children. A booklet is provided with each program ordered and additional copies are available separately.

Early Intervention and the Deaf Child (1971). Color slide tape, 30 minutes. Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

A documentation of the major principles underlying early intervention in the language development of a deaf child as these principles relate to the goal of mainstreaming the child.

The Early Years: Speech and Language Development (1972). The program is available in black-and-white only, but can be supplied on ½" videotape, ¾" videocassette, or Betamax. Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

This videotape presents aural and oral language from birth to four years, including the development milestones in this period. The factors which influence the development are discussed with some emphasis on the effects of hearing impairment.

Ears to Hear (1973). An 8-minute program, produced originally in 35mm color slides with either audible or silent cues on the cassette sound track. It is also available in color on ¾" videocassette and Betamax and in black-and-white on ½" videotape. Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

Introduces a systematic but simple approach to monitoring the performance of hearing aids worn by hearing impaired children. Especially useful for classroom teachers, aides, and parents, this program shows how the use of daily monitoring can prevent and remedy hearing aid malfunction. This program was part of the award-winning exhibit called "Multimedia in the Management of Hearing Impaired Infants." A booklet entitled **Ears to Hear** is provided with each program ordered.

Ears to Hear: Teaching Deaf Children. Produced by Canadian Broadcasting Corporation. 16mm color film, 28 minutes. Available from: Filmakers Library, Inc., 290 West End Avenue, New York, N.Y. 10023.

This film shows how profoundly deaf children can be taught to speak normally and to "hear" the sounds of ordinary speech. These children are thus fully prepared to be mainstreamed into regular schools and to lead normal lives with the family and in their community.

116 **The Experience.** Color slide tape; 16 minutes, 50 seconds. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

A teacher and her class of four-year-olds were followed by a photographer as they shared in a fishing experience. The rationale, teacher preparation, related class activities, actual fishing expedition, and chart study follow-up for focused language and auditory training are described and illustrated as part of the auditory-global approach to education.

Learning the Role of Parents of a Child with Profound Deafness: Sarah. Videotape; 26 minutes, 27 seconds. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

Sarah is followed from the age of 17 months to 50 months with a sample of seven videotaped sequences. Through interaction with the teacher/counselor, the family learned the importance of being oriented to the child rather than to the handicap.

Learning the Role of Parents of a Hard-of-Hearing Child: Greg. Videotape; 12 minutes, 15 seconds. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

Even families of hard-of-hearing children need the support and guidance of a parent-child-centered program. This videotape of Greg, who was virtually nonverbal at three years, is comprised of five segments of mother-child interaction taped over 12 months. Because of the new style of interaction that his mother learned, Greg was talking in sentences by four years of age.

Learning the Role of Parents of a Hard-of-Hearing Child: Karen. Videotape; 8 minutes, 25 seconds. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

Karen is followed through seven videotaped sequences from age 2½ to 4½. Despite Karen's hearing acuity, both she and her mother had to learn new ways to interact before language growth could be expected.

Looking at Language Learning (1977). Poster, 17" x 22", 2 colors. Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

This poster brings together in a single, simplified format the various stages and accompanying behaviors of normal language development. At intervals from birth to five years, the poster shows the interwoven nature of the child's linguistic behaviors, modes of communication, speech sound usage, intelligibility, motor and self-help behaviors. The format makes a lot of sophisticated information seem matter-of-fact. Especially valuable for parents.

Parent Education for Child Growth: The Parent-Infant Program at Central Institute for the Deaf. Videotape, 16 minutes. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

Intended as an introduction to a type of service delivery system, this tape presents an overview of the structure of a parent-child centered program for families of children with language and/or hearing problems. Snatches of ten representative interactions sample the age range and population served and illustrate appropriate activities. Included are the purposes of nursery classes and parent group meetings as adjuncts of the Program.

Pay Attention When You Are Talking (1976). A 13-minute program, produced originally in 35mm color slides with either audible or silent cues on the cassette sound track. It is also available in color on ¾" videocassette and Betamax and in black-and-white on ½" videotape. Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

This audiovisual program employs a colorful cast of characters to emphasize the value of communication skills with both handicapped and non-handicapped children. The program highlights the significance of our everyday opportunities for improved communication. **Pay Attention** is a revision of **Rules Of Talking**, their most popular program ever. One copy of the **Rules Of Talking** booklet is enclosed free of charge with each program ordered.

118 **Show and Tell.** Color slide tape; 7 minutes, 12 seconds. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

An approach to Show and Tell is suggested as the narrator discusses why that format is appropriate for young children and what goals it may serve. General procedures are described as they illustrate the principles.

Snack and Play: Time to Learn. Color slide tape; 8 minutes, 33 seconds. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

Snack and play times are presented as teaching tools to be planned for and integrated into the rest of the "curriculum" for young deaf children. A rationale and some examples of the potential uses of these periods are illustrated.

Story Telling for Young Hearing Impaired Children. Color slide tape; 15 minutes, 28 seconds. Available from: Publications Department, Central Institute for the Deaf, 818 South Euclid Avenue, St. Louis, Mo. 63110.

A mother and five teachers illustrate input levels and expectancies using story telling as the mode of interaction for language growth. The children range in ability from the awareness stage to the stage of production of connected language.

To Hear the Wind (1973). A 9-minute program that was produced originally in 35mm color slides with either audible or silent cues on the cassette sound track. It is also available in color on ¾" videocassette and Betamax and in black-and-white on ½" videotape. Available from: Intersect, 1101 17th Avenue South, Nashville, Tenn. 37212.

A sensitive portrayal of a deaf child's efforts to develop spoken language and succeed in our hearing world. The principles of early identification, early intervention, and parent training are presented as viable means of helping deaf children integrate into the educational mainstream. Data are provided on language usage and school achievement of hearing impaired children in comparison with normal hearing children.

Appendix

Screening and diagnosis will help you determine what a child can and cannot currently do, and will identify problem areas.

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Screening, Diagnosis, and Testing

This section describes the nature and purpose of screening and diagnosis, and the use of tests in each of these processes. The overall goal of both processes is to evaluate or assess a child's functioning and to identify problem areas, if any exist.

Screening

Screening is a process that identifies children who need specific treatment (for example, eyeglasses or immuniza- who need to be referred for a diagnostic evaluation. Screening is therefore an important tool in the early identification of handicapped children.

Screening procedures such as checklists and tests are inexpensive, quick, and easily administered. They give the screener an overview of a child's performance. Teachers, aides, and others need to be trained to use a particular screening procedure correctly. For the screening services that must be provided for every child, see Project Head Start Performance Standards.

Not all children who fail a screening test are found to have a problem when they are given a full diagnostic evaluation. This is because the results of screening tests are not exact, since the tests do not assess in depth a child's functioning in a given area. Also, because screening is done in a limited amount of time, the screener may not realize if a certain child is not performing at his or her best at that particular time. For these reasons, a child who is not handicapped may fail a screening and be referred for further evaluation.

On the other hand, some children who pass a screening test may, in fact, have a problem that wasn't detected in the screening. If you have a child in your class who has passed the standard screening tests and you still feel there may be something wrong, do not hesitate to ask an appropriate professional to look at the child more closely.

Diagnosis

Diagnosis is a process of gathering information from a variety of sources in order to get a comprehensive picture of a child's functioning and to identify problem areas. The diagnostic process assesses both physical and psychological functioning.

A variety of tools should be used in the diagnostic process: interviews (with parents and other adults who know the child well, with the child, with social agency personnel the child has been receiving services from), psychological tests, medical and other reports/tests of physical functioning, and other sources of information about the child. The tests that are used in the diagnostic process take an in-depth look at a child's skills in particular developmental areas. In Project Head Start, diagnosis is to be conducted by an interdisciplinary team of specialists (or a professional who is qualified to diagnose the specific handicap). The diagnostic process should involve:

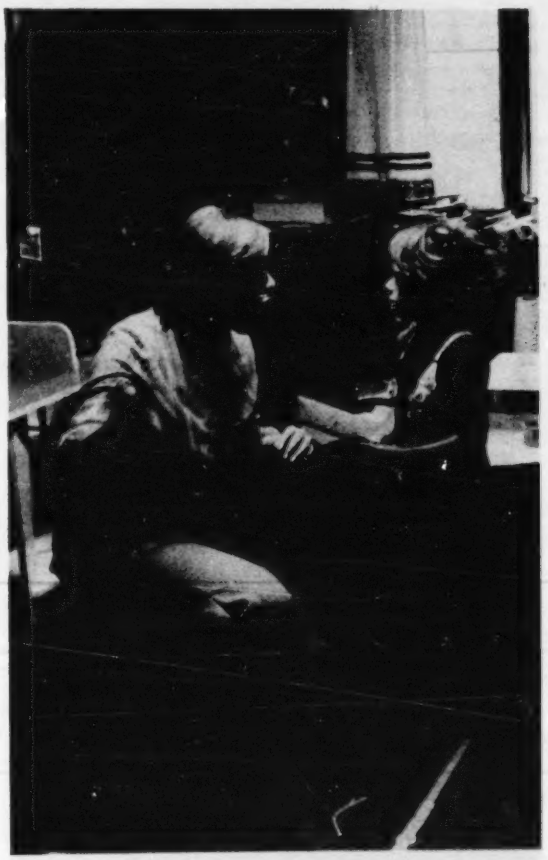
1. A categorical diagnosis of a child, using Project Head Start diagnostic criteria, to be used solely for reporting purposes.

2. A functional assessment of a child. This functional assessment is a developmental profile that describes what the child can and cannot currently do and that identifies areas requiring special education and related services.

3. An individualized program plan based upon the functional assessment and developed jointly by the diagnostic team, the parents, and the child's teacher.

4. Ongoing assessment of the child's progress by the teacher, the child's parents, and (as needed) the diagnostic team.

The results of the diagnostic process should inform the teacher and parents as to the child's strengths and weaknesses — and hence the child's needs in terms of further learning. The results of the diagnostic process often *do not* tell the teacher or parents what they should do to help the child in the identified problem areas. Diagnosticians themselves, depending on their knowledge of classrooms and of specific teaching techniques, may be able to discuss with the teacher and parent specific ways in which they can help the child in the classroom and at home. Often the teacher or parent needs to take the initiative in order to obtain this kind of information from a diagnostician.



Testing

The selection of appropriate tests, their administration, and their interpretation is often a difficult process, requiring a great deal of expertise. Sometimes the precise test needed has simply not yet been developed, and a diagnostician must use the best of what is available and then interpret the results with great caution. Many factors can lead to inappropriate testing or inaccurate test results:

- **mistaking one handicap for another**
- **mistaking cultural differences for handicaps**
- **mistaking normal physical or mental immaturity for handicaps**
- **testing a child who is not used to test-like situations**
- **testing a child when he or she is not feeling well**
- **testing a child in a language that is not his or her home language**
- **testing a particular developmental area in a child by requiring a response that involves skills in which the child is handicapped (for example, testing cognitive functioning by requiring a verbal response from a speech-impaired child, or a motor response from an orthopedically handicapped child).**

Even if children are given tests that are appropriate to their age, cultural background, and suspected handicaps — and that are methodologically valid and reliable — test results can be inaccurately interpreted.

To ensure that tests are appropriate to a specific purpose, and that they are administered and interpreted correctly, any screening test that a teacher wants to use should be discussed ahead of time with a trained professional who is knowledgeable about the test. Tests used for diagnostic purposes should be administered and interpreted by specialists trained in the use of the tests.

In addition to interviews and histories, your own continuing observation of a child in a variety of situations in your preschool program is an invaluable tool in understanding and helping a child learn. During the preschool years, children experience a great amount of development and change in all areas. This means that ongoing assessment, balanced against overtesting, is needed to provide a more accurate picture of a child's developing skills and functioning. Ongoing assessment can help prevent mislabeling of children.

For additional information on the diagnostic process — including procedures and persons — contact the Resource Access Project in your area.

For additional information on tests write to:

Head Start Test Collection
Educational Testing Service
Princeton, New Jersey 08540

Hearing Tests

Hearing loss is measured by an audiometric (hearing) test. This test is given by an audiologist, who specializes in testing hearing and in recommending hearing aids. There are a number of types of audiometric tests, including Pure Tone Tests, Speech Discrimination Tests, and Hearing Screening Tests.

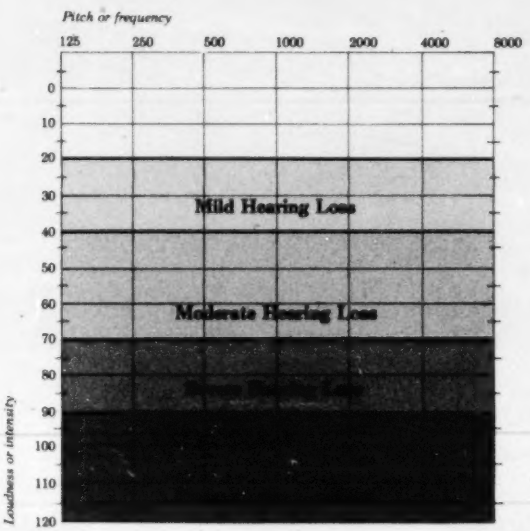
In a hearing test, the audiologist is basically measuring two things: 1) which sound **frequencies** a child can hear, and 2) how **loud** these sounds have to be before a child can hear them.

- **Frequency:** Frequency refers to the pitch of sound. All the sounds around us come in different pitches. For example, a man's voice is low-pitched (low frequency) and a child's voice is high-pitched (high frequency).
- **Loudness:** Sounds also come in different degrees of loudness (intensity). The rustling of leaves is soft, while a car horn is loud. Some hearing impaired children may be able to hear a car horn honking, but not leaves rustling.

For the Pure Tone Test, an audiologist uses a machine called an **audiometer** to test a child's hearing in both ears. The child puts on earphones and the audiologist sends tones of different pitch and loudness through the earphones for the child to hear. The child raises his or her hand whenever he or she hears the sound. Young children may be told to respond to the tones by placing toys in a bucket or by other "play" responses.

Based on the child's responses for each ear, the audiologist marks down which pitches the child is able to hear, and how loud they are when the child raises his or her hand. These results are recorded on a chart called an **audiogram**. Audiogram #1 illustrates the range of hearing loss that can be recorded.

The numbers on the horizontal border of the audiogram represent the different **pitches** (frequencies) of sound. Pitch is measured in cycles per second (referred to as **hertz** or Hz). 250 Hz is a very low sound. 2,000 Hz is a medium-pitched sound. And 6,000 Hz is a high-pitched sound. The frequencies (or pitches) between 500 and 2,500 are the most important for hearing speech. The numbers on the vertical border represent the loudness (intensity) of the sound. Loudness is measured in **decibels** (dB).

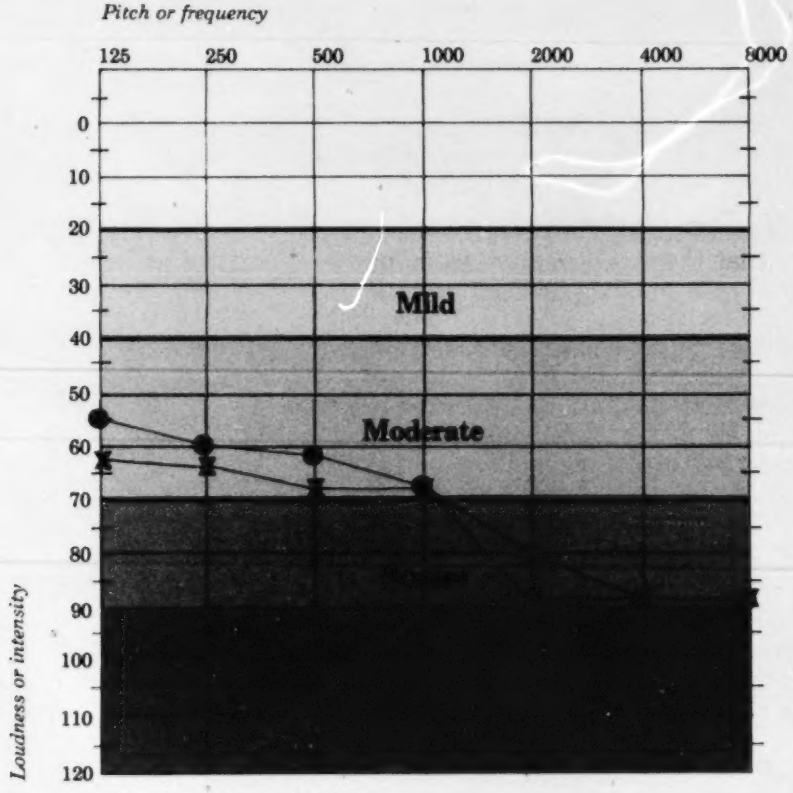


Audiogram # 1: Levels of Hearing Loss

124 As indicated in the shaded areas, a loss that falls between 20 and 40 dB is considered a **mild loss.** Between 40 and 70 dB is a **moderate loss,** between 70 and 92 dB is a **severe loss,** and above 92 dB is a **profound loss.** A person with normal hearing would start to hear sound at about 0 to 10 dB, though people with very good hearing can hear sound at −10 dB. To give you an idea of how loud these dB levels are, here are some everyday sounds that you might hear:

10 dB	faint whisper three feet away
40 dB	very soft radio
60 dB	average conversation
80 dB	loud radio, loud music
100 dB	auto horn, loud shout less than one foot away
120 dB	propeller airplane engine and propellers from 15 feet away.

You may receive a diagnostic report on a hearing impaired child that includes an audiogram. To help you understand how to read an audiogram, Audiogram #2 shows a child's hearing test results. The audiogram includes the results for both the right and left ears. The results for the right ear are marked with a circle. The results for the left ear are marked with an X. You will notice that, as often happens, the hearing level is better in the low frequencies than in the high frequencies. That is, high-frequency sounds have to be louder than low-frequency sounds in order for this child to hear them. Since the audiogram line is in the areas of moderate and severe loss, this child can be said to have a "moderate to severe hearing loss."



Audiogram # 2: Hearing Loss in a Particular Child

Chart of Normal Development: Infancy to Six Years of Age

The chart of normal development on the next few pages presents children's achievements from infancy to six years of age in five areas:

- **motor skills (gross and fine motor)**
- **cognitive skills**
- **self-help skills**
- **social skills**
- **communication skills (understanding language and speaking).**

In each skill area, the age at which each milestone is reached *on the average* is also presented. This information is useful if you have a child in your class who you suspect is seriously delayed in one or more skill areas.

However, it is important to remember that these milestones are only average. From the moment of birth, each child is a distinct individual, and develops in his or her unique manner. No two children have ever reached all the same developmental milestones at the exact same ages. The examples that follow show what we mean.

By nine months of age, Gi Lin had spent much of her time scooting around on her hands and tummy, making no effort to crawl. After about a week of pulling herself up on chairs and table legs, she let go and started to walk on her own. Gi Lin skipped the crawling stage entirely and scarcely said more than a few sounds until she was 15 months old. But she walked with ease and skill by 9½ months.

Marcus learned to crawl on all fours very early, and continued crawling until he was nearly 18 months old, when he started to walk. However, he said single words and used two-word phrases meaningfully before his first birthday. A talking, crawling baby is quite a sight!

Molly worried her parents by saying scarcely a word, although she managed to make her needs known with sounds and gestures. Shortly after her second birthday, Molly suddenly began talking in two- to four-word phrases and sentences. She was never again a quiet child.

All three children were healthy and normal. By the time they were three years old, there were no major differences among them in walking or talking. They had simply developed in their own ways and at their own rates. Some children seem to concentrate on one thing at a time — learning to crawl, to walk, or to talk. Other children develop across areas at a more even rate.

As you read the chart of normal development, remember that children don't read baby books. They don't know they're supposed to be able to point out Daddy when they are a year old, or copy a circle in their third year. And even if they could read the baby books, they probably wouldn't follow them! Age-related development milestones are obtained by averaging out what many children do at various ages. No child is "average" in all areas. Each child is a unique person.

One final word of caution. As children grow, their abilities are shaped by the opportunities they have for learning. For example, although many five-year-olds can repeat songs and rhymes, the child who has not heard songs and rhymes many times cannot be expected to repeat them. All areas of development and learning are influenced by the child's experiences as well as by the abilities they are born with.

Chart of Normal Development

	Motor Skills: Gross Motor Skills	Motor Skills: Fine Motor Skills	Communication Skills: Understanding Language	Communication Skills: Spoken Language
0-12 Months	Sits without support. Crawls. Pulls self to standing and stands unaided. Walks with aid. Rolls a ball in imitation of adult.	Reaches, grasps, puts object in mouth. Picks things up with thumb and one finger (pincer grasp). Transfers object from one hand to other hand. Drops and picks up toy.	Responds to speech by looking at speaker. Responds differently to aspects of speaker's voice (for example, friendly or unfriendly, male or female). Turns to source of sound. Responds with gesture to **hi, bye-bye,** and **up,** when these words are accompanied by appropriate gesture. Stops ongoing action when told **no** (when negative is accompanied by appropriate gesture and tone).	Makes crying and non-crying sounds. Repeats some vowel and consonant sounds (babbles) when alone or when spoken to. Interacts with others by vocalizing after adult. Communicates meaning through intonation. Attempts to imitate sounds.
12-24 Months	Walks alone. Walks backward. Picks up toys from floor without falling. Pulls toy, pushes toy. Seats self in child's chair. Walks up and down stairs (hand-held). Moves to music.	Builds tower of 3 small blocks. Puts 4 rings on stick. Places 5 pegs in pegboard. Turns pages 2 or 3 at a time. Scribbles. Turns knobs. Throws small ball. Paints with whole arm movement, shifts hands, makes strokes.	Responds correctly when asked **where** (when question is accompanied by gesture). Understands prepositions **on, in,** and **under.** Follows request to bring familiar object from another room. Understands simple phrases with key words (for example, **Open the door,** or **Get the ball**). Follows a series of 2 simple but related directions.	Says first meaningful word. Uses single word plus a gesture to ask for objects. Says successive single words to describe an event. Refers to self by name. Uses **my** or **mine** to indicate possession. Has vocabulary of about 50 words for important people, common objects, and the existence, nonexistence, and recurrence of objects and events (for example, **more** and **all gone**).

Cognitive Skills		Self-Help Skills	Social Skills
Follows moving object with eyes. Recognizes differences among people. Responds to strangers by crying or staring. Responds to and imitates facial expressions of others. Responds to very simple directions (for example, raises arms when someone says, Come, and turns head when asked, Where is Daddy?).	Imitates gestures and actions (for example, shakes head no, plays peek-a-boo, waves bye-bye). Puts small objects in and out of container with intention.	Feeds self cracker. Holds cup with two hands. Drinks with assistance. Holds out arms and legs while being dressed.	Smiles spontaneously. Responds differently to strangers than to familiar people. Pays attention to own name. Responds to no. Copies simple actions of others.
Imitates actions and words of adults. Responds to words or commands with appropriate action (for example: Stop that. Get down). Is able to match two similar objects. Looks at storybook pictures with an adult, naming or pointing to familiar objects on request (for example: What is that? Point to the baby).	Recognizes difference between you and me. Has very limited attention span. Accomplishes primary learning through own exploration.	Uses spoon, spilling little. Drinks from cup, one hand, unassisted. Chews food. Removes shoes, socks, pants, sweater. Unzips large zipper. Indicates toilet needs.	Recognizes self in mirror or picture. Refers to self by name. Plays by self, initiates own play. Imitates adult behaviors in play. Helps put things away.

	Motor Skills: Gross Motor Skills	Fine Motor Skills	Communication Skills: Understanding Language	Spoken Language
24-36 Months	Runs forward well. Jumps in place, two feet together. Stands on one foot, with aid. Walks on tiptoe. Kicks ball forward.	Strings 4 large beads. Turns pages singly. Snips with scissors. Holds crayon with thumb and fingers, not fist. Uses one hand consistently in most activities. Imitates circular, vertical, horizontal strokes. Paints with some wrist action. Makes dots, lines, circular strokes. Rolls, pounds, squeezes, and pulls clay.	Points to pictures of common objects when they are named. Can identify objects when told their use. Understands question forms **what** and **where**. Understands negatives **no, not, can't,** and **don't**. Enjoys listening to simple storybooks and requests them again.	Joins vocabulary words together in two-word phrases. Gives first and last name. Asks **what** and **where** questions. Makes negative statements (for example, **Can't open it**). Shows frustration at not being understood.
36-48 Months	Runs around obstacles. Walks on a line. Balances on one foot for 5 to 10 seconds. Hops on one foot. Pushes, pulls, steers wheeled toys. Rides (that is, steers and pedals) tricycle. Uses slide without assistance. Jumps over 15 cm. (6") high object, landing on both feet together. Throws ball overhead. Catches ball bounced to him or her.	Builds tower of 9 small blocks. Drives nails and pegs. Copies circle. Imitates cross. Manipulates clay materials (for example, rolls balls, snakes, cookies).	Begins to understand sentences involving time concepts (for example, **We are going to the zoo tomorrow**). Understands size comparatives such as **big** and **bigger**. Understands relationships expressed by **if . . . then** or **because** sentences. Carries out a series of 2 to 4 related directions. Understands when told, **Let's pretend**.	Talks in sentences of three or more words, which take the form agent-action-object (**I see the ball**) or agent-action-location (**Daddy sit on chair**). Tells about past experiences. Uses "s" on nouns to indicate plurals. Uses "ed" on verbs to indicate past tense. Refers to self using pronouns **I** or **me**. Repeats at least one nursery rhyme and can sing a song. Speech is understandable to strangers, but there are still some sound errors.

Cognitive Skills		Self-Help Skills	Social Skills
Responds to simple directions (for example: **Give me the ball and the block. Get your shoes and socks**).	Can talk briefly about what he or she is doing.	Uses spoon, little spilling.	Plays near other children.
Selects and looks at picture books, names pictured objects, and identifies several objects within one picture.	Imitates adult actions (for example, housekeeping play).	Gets drink from fountain or faucet unassisted.	Watches other children, joins briefly in their play.
Matches and uses associated objects meaningfully (for example, given cup, saucer, and bead, puts cup and saucer together).	Has limited attention span. Learning is through exploration and adult direction (as in reading of picture stories).	Opens door by turning handle.	Defends own possessions.
Stacks rings on peg in order of size.	Is beginning to understand functional concepts of familiar objects (for example, that a spoon is used for eating) and part/whole concepts (for example, parts of the body).	Takes off coat.	Begins to play house.
Recognizes self in mirror, saying, baby, or own name.		Puts on coat with assistance.	Symbolically uses objects, self in play.
		Washes and dries hands with assistance.	Participates in simple group activity (for example, sings, claps, dances).
			Knows gender identity.
Recognizes and matches six colors.	Has short attention span.	Pours well from small pitcher.	Joins in play with other children. Begins to interact.
Intentionally stacks blocks or rings in order of size.	Learns through observing and imitating adults, and by adult instruction and explanation. Is very easily distracted.	Spreads soft butter with knife.	Shares toys. Takes turns with assistance.
Draws somewhat recognizable picture that is meaningful to child, if not to adult. Names and briefly explains picture.	Has increased understanding of concepts of the functions and groupings of objects (for example, can put doll house furniture in correct rooms), and part/whole (for example, can identify pictures of hand and foot as parts of body).	Buttons and unbuttons large buttons.	Begins dramatic play, acting out whole scenes (for example, traveling, playing house, pretending to be animals).
Asks questions for information (**why and how questions requiring simple answers**).	Begins to be aware of past and present (for example: **Yesterday we went to the park. Today we go to the library**).	Washes hands unassisted.	
Knows own age.		Blows nose when reminded.	
Knows own last name.		Uses toilet independently.	

	Motor Skills: Gross Motor Skills	Fine Motor Skills	Communication Skills: Understanding Language	Spoken Language
48-60 Months	Walks backward toe-heel. Jumps forward 10 times, without falling. Walks up and down stairs alone, alternating feet. Turns somersault.	Cuts on line continuously. Copies cross. Copies square. Prints a few capital letters.	Follows three unrelated commands in proper order. Understands comparatives like pretty, prettier, and prettiest. Listens to long stories but often misinterprets the facts. Incorporates verbal directions into play activities. Understands sequencing of events when told them (for example, First we have to go to the store, then we can make the cake, and tomorrow we will eat it).	Asks when, how, and why questions. Uses modals like can, will, shall, should, and might. Joins sentences together (for example, I like chocolate chip cookies and milk). Talks about causality by using because and so. Tells the content of a story but may confuse facts.
60-72 Months	Runs lightly on toes. Walks on balance beam. Can cover 2 meters (6'6") hopping. Skips on alternate feet. Jumps rope. Skates.	Cuts out simple shapes. Copies triangle. Traces diamond. Copies first name. Prints numerals 1 to 5. Colors within lines. Has adult grasp of pencil. Has handedness well established (that is, child is left- or right-handed). Pastes and glues appropriately.	Demonstrates pre-academic skills.	There are few obvious differences between child's grammar and adult's grammar. Still needs to learn such things as subject-verb agreement, and some irregular past tense verbs. Can take appropriate turns in a conversation. Gives and receives information. Communicates well with family, friends, or strangers.

Cognitive Skills	Self-Help Skills	Social Skills
Plays with words (creates own rhyming words; says or makes up words having similar sounds). Points to and names 4 to 6 colors. Matches pictures of familiar objects (for example, shoe, sock, foot; apple, orange, banana). Draws a person with 2 to 6 recognizable parts, such as head, arms, legs. Can name and match drawn parts to own body. Draws, names, and describes recognizable picture. Rote counts to 5, imitating adults.	Knows own street and town. Has more extended attention span. Learns through observing and listening to adults as well as through exploration. Is easily distracted. Has increased understanding of concepts of function, time, part/whole relationships. Function or use of objects may be stated in addition to names of objects. Time concepts are expanding. The child can talk about yesterday or last week (a long time ago), about today, and about what will happen tomorrow.	Cuts easy foods with a knife (for example, hamburger patty, tomato slice). Laces shoes.	Plays and interacts with other children. Dramatic play is closer to reality, with attention paid to detail, time, and space. Plays dress-up. Shows interest in exploring sex differences.
Retells story from picture book with reasonable accuracy. Names some letters and numerals. Rote counts to 10. Sorts objects by single characteristics (for example, by color, shape, or size if the difference is obvious). Is beginning to use accurately time concepts of tomorrow and yesterday. Uses classroom tools (such as scissors and paints) meaningfully and purposefully.	Begins to relate clock time to daily schedule. Attention span increases noticeably. Learns through adult instruction. When interested, can ignore distractions. Concepts of function increase as well as understanding of why things happen. Time concepts are expanding into an understanding of the future in terms of major events (for example, Christmas will come after two weekends).	Dresses self completely. Ties bow. Brushes teeth unassisted. Crosses street safely.	Chooses own friend(s). Plays simple table games. Plays competitive games. Engages with other children in cooperative play involving group decisions, role assignments, fair play.

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